





Brighton & Hove  
City Council

# Health Overview & Scrutiny Committee

Title:	<b>Health Overview &amp; Scrutiny Committee</b>
Date:	<b>27 June 2018</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> K Norman (Chair), Allen (Group Spokesperson), Bennett, Bewick, Deane, Gilbey, Barnett, Greenbaum, Morris, Marsh and C Theobald <b>Co-opted Members:</b> Zac Capewell (Youth Council), Caroline Ridley (Community Sector Representative), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)
Contact:	<b>Giles Rossington</b> Senior Policy, Partnerships & Scrutiny Officer 01273 295514 giles.rossington@brighton-hove.gov.uk

	<b>The Town Hall has facilities for wheelchair users, including lifts and toilets</b>
	<b>An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.</b>
	<b>FIRE / EMERGENCY EVACUATION PROCEDURE</b>  If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions: <ul style="list-style-type: none"><li>• You should proceed calmly; do not run and do not use the lifts;</li><li>• Do not stop to collect personal belongings;</li><li>• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and</li><li>• Do not re-enter the building until told that it is safe to do so.</li></ul>

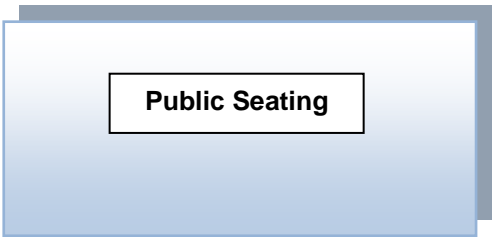
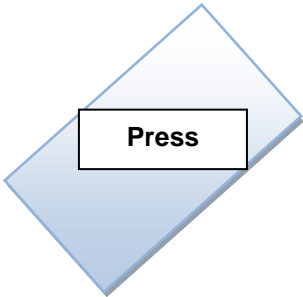
Democratic Services: Health Overview & Scrutiny Committee

	<b>Councillor K. Norman Chair</b>	<b>Policy Partnerships &amp; Scrutiny Officer</b>
--	---	---

<b>Councillor Allen</b>
<b>Councillor Bewick</b>
<b>Councillor Marsh</b>
<b>Councillor Morris</b>

<b>Councillor Bennett</b>
<b>Councillor Barnett</b>
<b>Councillor C Theobald</b>
<b>Councillor Greenbaum</b>
<b>Councillor Deane</b>

<b>Public Speaker</b>	<b>Councillor Speaker</b>
---------------------------	-------------------------------



## AGENDA

### PART ONE

### Page

#### 1 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
  - (a) Disclosable pecuniary interests;
  - (b) Any other interests required to be registered under the local code;
  - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

**NOTE:** *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.*

#### 2 MINUTES

9 - 16

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 28 February 2018 (copy attached).

## OVERVIEW & SCRUTINY COMMITTEE

### 3 CHAIRS COMMUNICATIONS

### 4 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
- (b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the (insert date) 2017.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the (insert date) 2017.

### 5 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

### 6 UPDATE ON THE STP/BRIGHTON & HOVE CARING TOGETHER/HEALTH & SOCIAL CARE INTEGRATION

17 - 22

An update from Brighton & Hove CCG on recent activity in terms of regional and local strategic issues (copy attached)

*Contact Officer:* Giles Rossington

*Tel:* 01273 295514

*Ward Affected:* All Wards

### 7 SUSSEX COMMUNITY NHS FOUNDATION TRUST (SCFT): DEVELOPMENT OF THE BRIGHTON GENERAL SITE AS A COMMUNITY HEALTH HUB

23 - 34

Report of the Executive Lead for Strategy, Governance & Law on Sussex Community NHS Foundations Trust's plans to redevelop the Brighton General Hospital site (copy attached).

*Contact Officer:* Giles Rossington

*Tel:* 01273 295514

*Ward Affected:* All Wards

### 8 DELAYED TRANSFERS OF CARE: HOSC UPDATE

35 - 52

Report of the Executive Director Health & Social Care, with input from Brighton & Sussex University Hospitals Trust, Brighton & Hove clinical Commissioning Group and Sussex Community NHS Foundation Trust (copy attached)

*Contact Officer:* Grace Hanley

*Ward Affected:* All Wards

### 9 HEALTHWATCH: ANNUAL REPORT ON THE HEALTHWATCH ENVIRONMENTAL AUDIT OF BSUH 53 - 80

Report presenting the Healthwatch Brighton & Hove annual review of 'enter & view' visits to BSUH facilities: the Royal Sussex County Hospital, the Royal Alex Children's Hospital and the Sussex Eye Hospital (copy attached).

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 295514

### 10 UPDATE ON HOSC WORKING GROUPS 81 - 102

Attached for information are notes/minutes from recent HOSC working group meetings:

- a) Joint Sussex HOSC meeting with Brighton & Sussex University Hospitals Trust 04.04.18.
- b) Joint HOSC meeting (Sussex, Surrey, Kent, Medway) with South East Coast Ambulance NHS Foundation Trust 19.03.18.
- c) Joint Sussex HOSC meeting with Sussex Partnership NHS Foundation Trust 01.05.18.

### 11 HOSC WORK PLAN 103 - 106

The draft HOSC work plan for 2018/19 is attached for information. Please note that this is not the final 18/19 committee work plan; the work plan will be further developed at a HOSC stakeholder workshop and will be presented for approval to the next HOSC meeting.

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions and deputations to committees and details of how questions and deputations can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Electronic agendas can also be accessed through our meetings app available through [www.moderngov](http://www.moderngov)

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

#### WEBCASTING NOTICE

This meeting may be filmed for live or subsequent broadcast via the Council's website. At

## OVERVIEW & SCRUTINY COMMITTEE

the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email [giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

### ACCESS NOTICE

The lift cannot be used in an emergency. Evac Chairs are available for self-transfer and you are requested to inform Reception prior to going up to the Public Gallery. **For your own safety please do not go beyond the Ground Floor if you are unable to use the stairs.** Please inform staff on Reception if this affects you so that you can be directed to the Council Chamber where you can watch the meeting or if you need to take part in the proceedings e.g. because you have submitted a public question.

Date of Publication - Tuesday, 19 June 2018

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 28 FEBRUARY 2018**

**HOVE TOWN HALL, COUNCIL CHAMBER - HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Greenbaum (Chair)

**Also in attendance:** Councillor Deane, Morris and Wealls

**Other Members present:** Colin Vincent (Older People's Council), Caroline Ridley (Community & Voluntary Sector), Zac Capewell (Youth Council), Dr James Walsh, Bryan Turner (West Sussex HASC representatives)

**PART ONE**

**36 PROCEDURAL BUSINESS**

- 36.1 Apologies were received from Cllr Kevin Allen, Cllr Jayne Bennett, Cllr Tom Bewick, Cllr Penny Gilbey, Cllr Ann Norman, Cllr Ken Norman and Fran McCabe. There were no substitutes.
- 36.2 No members declared an interest.
- 36.3 It was resolved that the press and public be not excluded from the meeting.
- 36.4 In the absence of the usual committee Chair, members agreed that Cllr Louisa Greenbaum should chair the meeting.

**37 MINUTES**

- 37.1 The minutes of the 06 December 2017 meeting were agreed as an accurate record.

**38 CHAIRS COMMUNICATIONS**

- 38.1 The Chair made the following comments:

"I would like to welcome some guests to today's meeting. Bryan Turner is the Chair of West Sussex HASC and Dr James Walsh is the Vice Chair. I have invited them so that they can take part in the items on Patient Transport Services. Our colleagues in West Sussex share many of our concerns about PTS, and giving them the chance to participate at this meeting means that they don't have to hold a duplicate session in Chichester. We also invited colleagues from East Sussex HOSC to this meeting, but they were unable to attend."

- 38.2 At the end of the meeting, members briefly discussed setting a HOSC work programme for 2018-19. Members agreed that officers should arrange a stakeholder workshop to include all HOSC members and co-optees plus NHS commissioners, providers, social care and public health officers. Recommendations from the workshop will inform a report to the June 27 2018 HOSC meeting.
- 38.3 It was noted that the issue of Delayed Transfers of Care, referred by Colin Vincent, was already on the work plan and should be taken at the June meeting.
- 38.4 Zac Capewell suggested that work on younger people's mental health should also feature on the 18-19 work programme. This was agreed by the other committee members.

## 39 PUBLIC INVOLVEMENT

### 39.1 Public Question from Linda Miller

39.1(A) Linda Miller asked the following question:

I am sure the members of the Health Overview and Scrutiny Committee are aware of the level of public concern about ACOs:

- the Judicial Review challenging their legality <https://www.crowdjustice.com/case/jr4nhs-round3/>, which has the support of Professor Stephen Hawking who said: "I am concerned that accountable care organisations are an attack on the fundamental principles of the NHS".
- the concern within the Conservative Party with the chair of the Health Select Committee, Sarah Wollaston, asking Jeremy Hunt to take note of public concern and pause the introduction of ACOs.
- and the policy of both the Labour Party and the Green Party to oppose the introduction of ACOs.

*ACOs will be non-NHS bodies which will hold the contract for allocating resources for health and adult social care provision for the population in each area.*

*They can include private companies which will make money and can introduce charging. They will be allowed to sub-contract services. Each ACO will be able to decide on the boundary of what care is free and what has to be paid for. They will be given multi-billion pound budgets in contracts that may last 10 or 15 years.*

*ACOs will have control over the allocation of NHS money – but their accountability for spending it and their obligations to the public will be under commercial contract not statutes.*

*ACOs will fundamentally change the NHS and are being brought in without parliamentary scrutiny or public debate.*

**I would like to ask the members of this Health Overview and Scrutiny Committee if they agree the Council should:**

**- Pause the process of Brighton and Hove being part of any Accountable Care System or Organisation (or possibly re-named Integrated Care System),**



- Conduct an Impact Assessment of the proposed cuts and changes to services,
- Publish the results and hold a Public Consultation.

39.1(B) The Chair responded:

To date the council has not been involved in any discussion with NHS bodies with respect to establishing an Accountable Care System or Organisation or an Integrated Care System in Brighton and Hove.

Any council plans to change services which may significantly impact on service users would be impact assessed and would include public engagement.

39.1(C) Ms Miller then asked a supplementary question: "will the HOSC provide details of plans for the sale of the Brighton General Hospital site?" The Chair agreed that a written response would be provided to this query. SCFT subsequently published information on its plans and Ms Miller was sent a link to this information: [www.sussexcommunity.nhs.uk/chh](http://www.sussexcommunity.nhs.uk/chh)

## 39.2 Public Question from Valerie Mainstone

39.2(A) Janet Sang asked the following public question on behalf of Ms Mainstone:

"Last Summer, a deputation of breast feeding mothers presented a petition against the cutting of a breast feeding support worker post in Hangleton and North Portslade. This was the Ward sixth from bottom in the 'league table' of breastfeeding in Wards across the city. The cut went ahead, and I understand that a Peer Support Group has consequently closed, for lack of professional supervision. Can the HOSC confirm the loss of this Peer Support Group, and say where Hangleton and North Portslade now stands in the 'league table' for breastfeeding per Ward?"

39.2(B) The Chair responded:

- a) Sussex Community NHS Foundation Trust (SCFT) is commissioned by Brighton & Hove City Council (BHCC) to provide the **0-19 Public Health Community Nursing Service for children/young people**. As part of this SCFT provides breastfeeding support services across the city. **In the Hangleton & North Portslade area SCFT provides** Baby Groups, staffed by a Healthy Child Practitioner (Nursery Nurse) and a member of staff from the local Children's Centre (BHCC). A Breastfeeding Peer Supporter (volunteer) is due to start with the Healthy Child Clinic in the near future and may also be placed in the Baby Groups.

The Specialist Breastfeeding Coordinator (SCFT) has provided training to all the Nursery Nurses, who have undergone additional training to enhance their skills in order to provide the best care possible. They are highly skilled and work within a competency framework. All Healthy Child Programme teams have a Breastfeeding Champion Health Visitor to promote, support and provide expertise in this field. All Health Visitors are highly trained in breastfeeding support.

- b) We have not seen a significant change in the breastfeeding prevalence this year compared with 16-17.

In comparison, Q1 16-17 for Hangleton stood at 65.7% breastfeeding prevalence and in Q3 17-18 was 66.7%.

In North Portslade Q1 16-17 stood at 58.5% breastfeeding prevalence and in Q3 17-18 was 59%.

North Portslade continues to be one of the areas of Brighton and Hove that we are focusing on alongside East Brighton as they continue to have the lowest rate of breastfeeding in the city.

39.2(C) As a supplementary question Ms Stang asked whether the HOSC would continue to monitor breast-feeding rates in Hangleton & North Portslade. The Chair agreed to provide a written response. Support officers subsequently contacted Ms Mainstone to inform her that the Chair had asked for monitoring of breast-feeding rates to take place via the joint HOSC and Health & Wellbeing Board Performance Improvement Group.

#### **40 MEMBER INVOLVEMENT**

40.1 There were no member questions.

#### **41 PATIENT TRANSPORT SERVICES (PTS) HEALTHWATCH REPORT**

41.1 This item was introduced by David Liley, Chief Executive of Healthwatch Brighton & Hove.

41.2 Mr Liley told members that there has been increased user satisfaction with patient transport services (PTS) under the new provider, South Central Ambulance NHS Foundation Trust (SCAS). Satisfaction levels are now much higher than under Coperforma, and somewhat higher than under the previous contractors, South East Coast Ambulance NHS Foundation Trust (SECamb).

41.3 However, despite the significant improvements under SCAS, some problems with services have persisted. These include:

- The reliability of services at the weekend (particularly Saturdays)
- Meeting the mobility needs of patients
- Inconsistent drop-off and pick-up arrangements
- Slippage on some KPIs
- Unacceptable failures to provide services to some exceptionally vulnerable patients.

41.4 In response to a question from Cllr Morris, Mr Liley explained that Healthwatch had conducted three pieces of work on PTS: an initial survey of renal patients at the Royal Sussex County Hospital (RSCH) involving around 60 patients; a further CCG commissioned joint survey with Healthwatch East Sussex and Healthwatch West Sussex involving more than 200 patients across the county; and a follow-up to the joint survey, again engaging with more than 200 patients. Local focus in the latter survey was on renal and cancer patients.

41.5 The Chair thanked Mr Liley for attending the meeting and commended the work that Healthwatch have been doing on patient transport services.

41.6 **RESOLVED** – that the report be noted.

## **42 PATIENT TRANSPORT SERVICES (PTS): FEBRUARY 2018 UPDATE**

42.1 This item was introduced by Derek Laird, PTS Adviser to High Weald Lewes Havens CCG, and by Ian Thompson, South Central Ambulance Service (SCAS). Mr Thompson gave a slide presentation.

42.2 Derek Laird noted that he welcomed the Healthwatch report on PTS. The service has made significant progress in recent months, although there is still plenty of room for improvement. It also needs to be recognised that SCAS took on the contract at very short notice.

42.3 Responding to the Healthwatch report, Ian Thompson told members that PTS performance at weekends was always going to be a challenge because demand can be inconsistent and sometimes exceeds available capacity. However, the introduction of a local (i.e. Sussex-based) control centre should help improve things. Drop-offs at the Royal Sussex County Hospital (RSCH) are problematic due to the 3T construction work taking place, although SCAS does liaise with the trust around this. SCAS would like to involve Healthwatch in its improvement work, but has struggled to make contact.

42.4 Cllr Wealls noted that members had not had been able to study the performance data presented in the slides and were consequently not in a position to make informed comments about SCAS performance. It would have been much more helpful to have had this data in advance of the meeting. Other members agreed, and it was noted that the data presented was of limited value because it reported % performance, but gave no indication of the KPI targets that SCAS is contracted to achieve: e.g. there was no way of telling whether, say, 90% performance was outstanding or disappointing.

42.5 In response to a question from Cllr Deane on the issues at RSCH, Mr Thompson told members that some of the problems were due to traffic congestion in the vicinity of the hospital and were outside the trust's control. There are also on-site problems, such as the lack of parking outside the renal unit, which means that PTS drivers can face lengthy waits to drop off patients. SCAS is planning to meet further with BSUH to try to resolve some of these access issues.

42.6 In response to a question from Cllr Morris on whether SCAS took on the Coperforma contract or were awarded a new contract, Mr Laird told the committee that SCAS took on the existing contract for 3 years with an option to extend for a further two years. In an ideal world the contract would have gone out to tender, but a tender process would have taken 12-18 months and a new provider had to be in place within three months, so this was not a realistic option.

42.7 In answer to a question from Dr James Walsh (West Sussex HASC representative) on on-line bookings, Mr Laird replied that there has been a significant improvement in the

percentage of appointments booked on-line. There are no specific targets for on-line booking, but it is nonetheless good practice to record performance.

- 42.8 Cllr Deane noted that RSCH appears to have much higher levels of PTS activity than other Sussex hospitals. Mr Laird explained that this is partly due to the fact that RSCH operates the main renal unit in the Sussex area: renal patients form a substantial part of PTS activity. As a regional specialist centre, RSCH also has more activity from out of area (i.e. non-Sussex based patients) than the other Sussex hospitals, although Sussex PTS only provides pick-ups to Sussex patients. In addition, trusts operating two or more hospital sites may have differing approaches to how they split particular services, which may impact on how PTS activity is recorded.
- 42.9 Mr Thompson told members that it was much harder to run effective PTS when bookings are made at short notice. RSCH makes more than 40% of its bookings after 3pm, which presents a challenge, although having a control centre in Sussex helps. Mr Laird added that Worthing hospital has managed to turn around its discharge performance in recent months and learning from this could assist RSCH in making similar changes. There has been some improvement since Western took charge of the RSCH.
- 42.10 In response to a question on planning access to RSCH during the 3T works, Mr Thompson told members that SCAS holds regular meetings with the renal matron and is in regular contact with the 3T Project Management Office. There is less of an impact on transport to RSCH outpatients, as this is not part of the 3T build. Communications with the hospital trust have generally been good, although this does not address off-site traffic congestion issues.
- 42.11 Mr Thompson acknowledged that discharge was frequently delayed by patients having to wait for their discharge medications. This is a problem nationally.
- 42.12 In response to a question from Dr James Walsh (West Sussex HASC) on the location of the SCAS call centre, Mr Laird told members that it was important to ensure that there was local knowledge in the services which would benefit from it. However, the call centre is a generic service which does not rely on local knowledge and there is therefore no pressing case for it to be located in Sussex.
- 42.13 Mr Bryan Turner (West Sussex HASC representative) noted that he had concerns about the management of the Coperforma contract which have not yet been addressed by High Weald Lewes Havens CCG. It was also worrying that there appear to have been disclosures of information to the media in advance of communication with local HOSCs.
- 42.14 Mr Laird noted that he was brought in by the CCG in 2016, but was not party to the award of the PTS contract to Coperforma or the early months of the contract. He had asked Alan Beasley of High Weald Lewes Havens CCG if he could attend this meeting, but Alan was unable to. Sussex CCGs have taken legal advice about elements of the Coperforma contract, and this limits what can be discussed in public. However, it was possible to confirm that a total of £14.1 million was paid out under the Coperforma contract with an additional £2.1 million to meet acute transport demand *and* to invest in the contract transfer.

- 42.15 In response to questions from Mr Turner about payments of pension contributions for PTS sub-contractors, Mr Laird told members that he was not aware of any significant issues here. The CCGs had paid contractors directly rather than via Coperforma in the last months of the contract. The CCGs did all they could to protect sub-contracted staff and ensure their safe transfer to SCAS' management, although with hindsight they should probably have intervened earlier.
- 42.16 Mr Turner noted that it appeared that Coperforma had been paid the full value of its contract and more despite its performance. Dr Walsh told members that it was important that local HOSCs held the CCGs accountable for the failures of the PTS contract whilst there is still organisational memory of what transpired. A large amount of public money was spent unnecessarily and this needs proper investigation. Members agreed that Brighton & Hove HOSC should take this matter up with the CCG Accountable Officer and Chief Financial Officer in the near future. Dr Walsh suggested that full disclosure of information to the Sussex HOSCs Chairs would be a helpful interim measure.
- 42.17 **RESOLVED** – that the report be noted.

### **43 CLINICALLY EFFECTIVE COMMISSIONING (CEC): FEBRUARY 2018 UPDATE**

- 43.1 This item was introduced by Dr David Supple, Chair of Brighton & Hove CCG. Dr Supple explained that the Clinically Effective Commissioning (CEC) initiative will help STP area CCGs align policies and best practice: for example, by ensuring a consistent approach to tonsillectomies which reflects national guidance. For Brighton & Hove most policies have not changed, and nothing is being withdrawn, although the threshold to access some procedures may change.

CEC will also help ensure that the NHS only funds effective treatments – e.g. it is questionable whether patients who undergo a knee arthroscopy, and then shortly afterwards need a knee replacement, have received any benefit from the arthroscopy.

CEC has been arranged in three tranches. The first two tranches have been agreed, but no decisions have yet been taken about the third tranche (which deliberately includes the most potentially controversial/emotive issues), and no engagement on these procedures has been undertaken to date.

- 43.2 In response to a question from Cllr Deane on how wellbeing rather than just health outcomes were factored in to CEC evaluations, Dr Supple said that this was an interesting point which he would take back to the CCG.
- 43.3 In response to a question on the CEC tranches from Cllr Morris, Dr Supple told members that tranche 1 consisted of 'easy wins' where there was a virtual clinical consensus already; tranche 2 of procedures where there was potentially some ambiguity in the NICE guidelines; and tranche 3 of procedures recognised as emotive areas. The CCGs are well aware that short term savings may have negative long term consequences, and are committed to looking at quality of life for patients rather than crude thresholds of efficacy.
- 43.4 In answer to a question from Cllr Morris on the inclusion of IVF in tranche 3, Dr Supple explained that there are varying clinical opinions about the thresholds for NHS IVF: for

example, in terms of age (the effectiveness of IVF declines markedly at later ages), and the number of cycles that should be on offer. Other CCGs have dramatically reduced the availability of IVF treatments.

43.5 In response to a question from Colin Vincent on cataracts, Dr Supple responded that it may be useful to look at whether it makes sense to automatically book patients in to have both cataracts dealt with when there is some evidence that many patients are happy with just having one cataract removed.

43.6 Dr Supple agreed to come back to a later HOSC meeting to report on the outcome of the evaluation of tranche 3 procedures.

43.7 **RESOLVED – that** the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

<b>Subject:</b>	<b>Update on STP/Brighton &amp; Hove Caring Together/Health &amp; Social Care Integration</b>		
<b>Date of Meeting:</b>	<b>27 June 2018</b>		
<b>Report of:</b>	<b>CCG Chief Operating Officer/Executive Director Health &amp; Social Care</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 01273 295514</b>
	<b>Email:</b>	<b>Giles.Rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 There is a standing item on HOSC agendas to receive updates on issues relating to regional and local NHS and social care strategic planning. This specifically includes: the Sussex & East Surrey Sustainability & Transformation Partnership (STP), Brighton & Hove Caring Together, and local Health & Social Care Integration plans.
- 1.2 Information provided by Brighton & Hove CCG is included as **Appendix 1** to this report.

**2. RECOMMENDATIONS:**

- 2.1 That members note this update.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Appendix 1 to this report contains information on recent developments in regional and local NHS and social care strategic planning. Please note that timing of this meeting means that there is relatively little to update on the progress of health & social care integration. A fuller update on this will be provided at the October 2018 HOSC meeting.

**4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Not relevant to this report for information.

**5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 Not relevant to this report for information.

## **6. CONCLUSION**

6.1 This is an update report.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

7.1 None to this report for information.

### Legal Implications:

7.2 None to this report for information.

### Equalities Implications:

7.3 None to this report for information.

### Sustainability Implications:

7.4 None to this report for information.

### Any Other Significant Implications:

7.5 None to this report for information.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by Brighton & Hove CCG







# Appendix 1

## **Sussex and East Surrey Sustainability and Transformation Partnership**

- The partnership has recently undergone a governance review to ensure the work taking place at STP-level is as effective as possible. This has included refreshing the terms of reference for the various STP forums and groups and giving greater clarity as to their roles and responsibilities. There has also been a review of the STP workstreams to look at what progress has been made to date and what support may be needed to help them move forward. These workstreams include urgent care, Clinical Effective Commissioning, mental health, workforce, IT, estates, and communications and engagement, as well as the local plans to transform health and care services.
- Work is progressing on developing a clinical case for change for the STP, which will identify the key areas that need improvement across our local health and care system. This involves the input of local clinicians and aims to provide clear evidence of the areas that need particular focus for improvement.

## **Central Sussex and East Surrey Commissioning Alliance**

- The first two phases in the development of the new Central Sussex and East Surrey Commissioning Alliance have been successfully completed to timescale. We are now in the next phase, where most staff have started working within new team structures and there is a staff consultation process for those people where there are contractual changes to their role.
- The Alliance is made up of five Clinical Commissioning Groups – Brighton and Hove, Crawley, East Surrey, High Weald Lewes Havens and Horsham and Mid Sussex – and represents a new way of collaborative working between the organisations.
- The initial phases of the development work involved agreeing to the new approach, creating a single management structure, operating model, streamlined processes and agreement to the design of new team structures. The Alliance is expected to be fully operational by the end of September.
- The Alliance is not a formal merger of the organisations and individual CCG governing bodies remain accountable for healthcare commissioning for their local populations.

## **Integration**

- We are now in our shadow year of integration in Brighton and Hove. We have now begun an important journey for our city and the people that reside here. Over the coming year we will need to consider the key steps which lead us on our journey towards an integrated CCG and Council Partnership, a model of integrated health and care for our population, and ultimately to delivering our Health and Wellbeing outcomes by 2030.
- Integration of Health and Care services has the potential to be one of the most important and innovative developments in the history of our city. Our engagement

with our residents through the Big Health and Care Conversation, has revealed a breadth of challenges and successes across our local health and social care system. These are challenges that it is our duty and responsibility to address and improve, and successes that we must preserve and build upon, much of which can be achieved through partnership working. This also highlights the absolute need for us to continue to engage with the people in our city, and ensure their voices are heard as we reshape and redesign the future services in Brighton and Hove.

<b>Subject:</b>	<b>Sussex Community NHS Foundation Trust: Redevelopment of the Brighton General Hospital Site</b>		
<b>Date of Meeting:</b>	<b>27 June 2018</b>		
<b>Report of:</b>	<b>Executive Lead, Strategy, Governance &amp; Law</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 01273 295514</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**Glossary:**

**SCFT: Sussex Community NHS Foundation Trust**

**BGH: Brighton General Hospital**

**CHH: Community Health Hub**

**SViS: Substantial Variation in Service**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Sussex Community NHS Foundation Trust (SCFT) is considering redeveloping the Brighton General Hospital (BGH) site to provide a Community Health Hub.
- 1.2 More details of the trust's options for change are included as **Appendix 1** to this report.

**2. RECOMMENDATIONS:**

- 2.1 That members:
  - (a) note SCFT plans to develop the BGH site; and
  - (b) Agree to informally monitor the progress of this initiative (e.g. to schedule a further report when a preferred option is identified), but not require formal consultation with the HOSC; and
  - (c) Recommend that SCFT works with partners to explore the potential for its housing plans to improve city health & wellbeing: e.g. via dedicated supported housing for residents with additional health needs and affordable key-worker housing targeted at healthcare workers.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The BGH site is located at the top of Elm Grove, near Brighton racecourse. The site is no longer used for inpatient care (the last inpatient beds were removed in

2009), but does host a range of community health, mental health, rehabilitation and outpatient services as well as providing a base for a range of NHS and council community teams. SCFT, Sussex Partnership NHS Foundation Trust, Brighton & Sussex University Hospitals Trust and Brighton & Hove City Council all operate from the site.

- 3.2 Many of the facilities at BGH are very old and are no longer fit for purpose. Due to the condition of buildings and the way that the site is configured, only around 50% of facilities are currently being used.
- 3.3 SCFT has developed a series of options for the redevelopment of the BGH site (see **Appendix 1**). These vary from doing nothing to various plans to construct a Community Health Hub (CHH) on part of the site or on adjacent land. The CHH would be a state of the art facility offering a range of health services to local communities. Developing a CHH would be cash neutral: the costs of developing the CHH would be covered by the sale of land and assets on other parts of the BGH site. SCFT is engaging with stakeholders and the public on these options.
- 3.4 NHS bodies planning to make substantial variations in services (SViS) must engage with local HOSCs at an early stage in planning, as SCFT has done in this instance. The HOSC may insist on being formally consulted, particularly if there are concerns that the plans may have a detrimental impact on health services for local people. However, formal consultation with HOSCs represents a potential burden for NHS bodies and is only required in situations where it is unclear that NHS plans will deliver health benefits for local people.
- 3.5 It is suggested that formal consultation with the HOSC is not required in this instance, as none of the options being considered would have an obvious detriment to local health services, and most options should see an improvement in services.
- 3.6 In addition to the specific statutory duties outlined above, HOSCs have a general responsibility to encourage improvements in local health and care services. Plans to develop parts of the BGH site as housing may potentially have a positive impact on local services. For example, they could include some provision of supported housing for people with additional health needs, or of key-worker housing for nurses etc.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Members can require that the HOSC be involved in a formal consultation process on the basis that SCFT's plans constitute a SViS. This could potentially include the HOSC taking a view on which option for change it prefers: e.g. following a member workshop or sub-group meetings.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 None directly to this report, but SCFT's plans to engage with the public and with stakeholders are detailed in **Appendix 1**.

#### **6. CONCLUSION**

- 6.1 Members are asked to note SCFT's plans to develop a Community Health Hub on the Brighton General Hospital site and to recommend that SCFT and its partners explore the potential for any housing development on the site to be used to support improvements to city health and care services.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 None to this report to note

### Legal Implications:

- 7.2 There are no legal implications to this report

*Lawyer Consulted:*

*Elizabeth Culbert*

*Date: 01/05/18*

### Equalities Implications:

- 7.3 Amongst the options for the redevelopment of the BGH site are plans to develop a Community Health Hub to provide health services to local people. This has the potential to provide improved services/outcomes for some protected groups including people with disabilities and older people.

### Sustainability Implications:

- 7.4 None directly for the council as the BGH site is owned by SCFT. However, members may wish to note that some of the options for change involve the redevelopment for residential use of parts of the BGH site, and may wish to be reassured that this development would be sustainable.

### Any Other Significant Implications:

- 7.5 None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by Sussex Community NHS Foundation Trust





A thin blue vertical line on the left side of the page.

# Brighton General Community Health Hub - May 2018

A large graphic at the bottom of the page featuring overlapping teal and green curved shapes, with a stylized heart shape in the center composed of teal and green loops.

*Excellent care at the  
heart of the community*

## A message from our Chief Executive

Thank you for your interest in the future of the Brighton General site and the local NHS.

I think this is a fantastic opportunity to do something big and ambitious for our community.

We know people have fond memories of Brighton General Hospital and will feel a connection with it looming so large over the East Brighton skyline.

But the NHS has changed massively since it was a functioning hospital and our challenge is to help make sure the NHS can meeting the changing needs of the people that rely on it.

Creating a purpose-built, modern and sustainable community health hub will help ensure the local NHS is fit for the future.

It is a once in a lifetime opportunity.

Creating a place for NHS community, mental health and primary care services to come together will improve things for patients.

We understand that change can sometimes be unsettling, so we want members of the public, our patients and staff to come with us on this journey.

Thank you.

**Siobhan Melia**

**Chief Executive, Sussex Community NHS Foundation Trust**

## Introduction

Sussex Community NHS Foundation Trust (SCFT) wants to develop a new, purpose-built community health hub on the site of Brighton General.

The aim is to provide modern, sustainable facilities for community health services, primary care and mental health services for the population of the city.

The hospital on the Brighton General site dates from the 1860s having originally been built as a Poor Law Institution.

The hospital site has undergone many changes of use over the years, but it has long ceased to act as a hospital with the final inpatient beds being removed in 2009.

Today the site houses a range of community health services as well as administrative offices, but there is consensus that the buildings are in bad shape, they do not afford the best in patient care nor the best staff working environment.

As a result SCFT is proposing an ambitious redevelopment project to improve local healthcare through the building of a new hub for community (outpatient) services.

Earlier this year SCFT ran a wide-ranging patient, public and staff engagement exercise. Hundreds of people responded and 84% supported the plan to redevelop the site to create a purpose-built community health hub.

The next phase of the project has involved the development of a range of options for the future of the East Brighton site.

Here we set out a number of options for the site. These options range from ‘doing nothing’ to a full redevelopment.

In order to support the creation of the clinical hub some non-clinical teams might need to move off-site.

There is also the potential for improving access to Sussex Rehabilitation Centre, a popular regional NHS service, by locating it somewhere more accessible and with improved parking and transport links.

If the community hub is to succeed the redevelopment would need to create enough investment through the sale of buildings on the Brighton General site.

The buildings are intended for the creation of much-needed local housing – which would bring wider social and economic benefits to the surrounding communities.

As part of this ‘options appraisal’, SCFT has launched a second phase of patient, public and staff engagement to gather views on the options that we have put forward.

Once complete, SCFT will take those views into account in deciding its preferred option for the redevelopment of the site.

The Trust will then submit an outline business case to the health regulator, NHS Improvement, later this year.

## The options

SCFT has worked with a specialist team of consultants, Rider Levett Bucknall (RLB), to prepare a range of possible options for redeveloping the Brighton General site.

### Option 1 – Do nothing

The “do nothing” option is effectively business as usual and would bring no material changes to how the site is used and would deliver no significant improvement for patients or staff.

### Option 2 – Do minimum

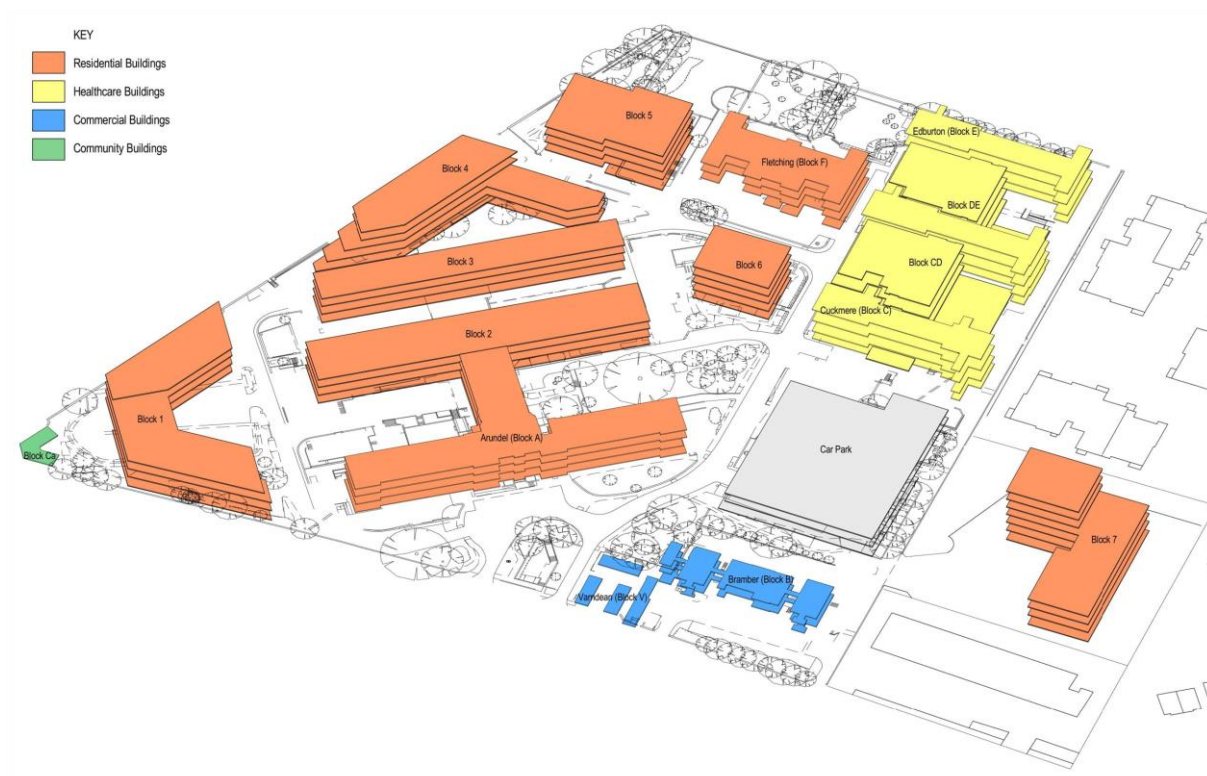
This option would not deliver a purpose-built community health hub, rather it shows the minimum that could be achieved to deliver improved utilisation on the site. Services would still be fragmented and distributed in an incoherent manner. Services would be provided from the existing old buildings shown in the site map on page 4 in yellow.



Site access would continue to be from Elm Grove with parking in front of C block as well as on Pankhurst Avenue.

This option would also release a proportion of the site for residential development.

Page 4



### Option 3 means:

- Retain and redevelop Cuckmere, Dyke and Edburton buildings (in yellow).
- Sell remainder of the site for residential (orange), community (green) and other/commercial (blue).
- This option involves the demolition of all current ancillary buildings between the blocks coloured in yellow e.g. Briggs Stores, refurbishment of these blocks & infilling a substantial new build in between the blocks to form an integrated one building healthcare hub.
- There would also be a new building built where the current Briggs Store is located.
- It could include GP services.
- It would provide greater integration and co-ordination of services, with clinical activities based mainly within original buildings, plus modern office space within the new build areas linking together all buildings.

### Option 4 – New build on the site of C, D and E blocks

This option has similar potential to Option 3, developing the proposed new health hub at the same location, but instead of incorporating Blocks C, D and E, this would be a 100% new build.

A new build could achieve a superior environmental performance.

See this option in the site map on page 6:



#### Option 4 means:

- Option 4 is similar to option 3, but instead of infilling in between old buildings, the blocks would be demolished and a 100% new build would replace them (in yellow).
- Whilst costs are not finalised at this point, often building a totally new facility can cost less than a part new build/part refurbishment of old buildings option and you can realise more effective use of space.

### Option 5 – New build on the Sussex Rehabilitation Centre and adjacent land

Option 5 would give the greatest space for the creation of a purpose-built health hub.

It would release more buildings for housing and minimise conflict between healthcare and residential uses of the site.

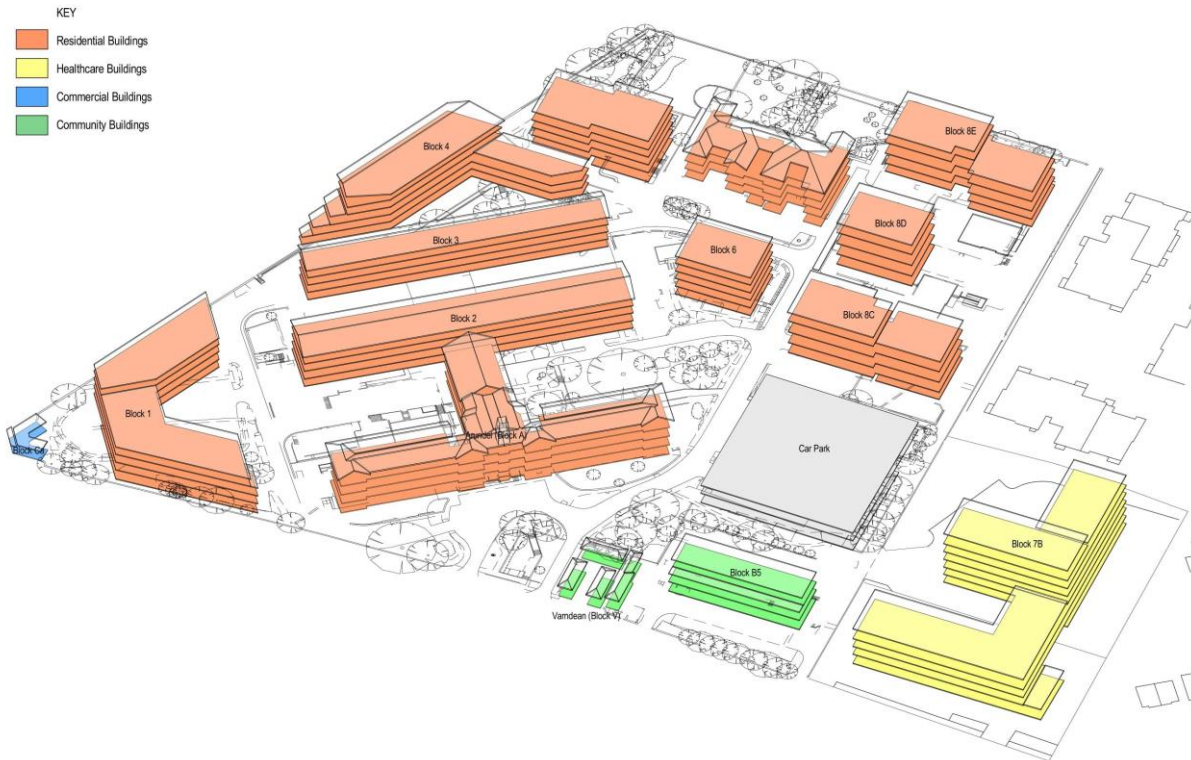
However, it would require SCFT to purchase adjacent land. This option would also require the relocation of Sussex Rehabilitation Centre.

A new building would be more energy efficient, sustainable, easier to maintain and more cost effective to run.



All parts of the building could be designed to optimum standards for clinical and administrative uses.

See this option in the site map below:



Option 5 means:

- This is a new build option that would involve demolishing the current Sussex Rehabilitation Centre building and creating a new multi-storey building (in yellow).
- It would require purchasing adjacent land.
- This option would give Brighton General Community Health Hub an on-street entrance from Elm Grove.

## Next steps

The Trust is keen to hear from as many people as possible about the options it has set out.

You can let us know which option you prefer and let us know if you have any questions, through a public survey – you can access it [here](#). The Trust is also holding a public drop-in event on Thursday 7 June for anyone to attend. Full details and to book are available [here](#).

SCFT has launched a second staff survey which staff are encouraged to complete [here](#) and the Trust is holding additional staff engagement events in May.

A patient reference group has been set up and meets regularly to discuss the project. Members of this group will continue to help engage with patients using the Brighton General site, to help ensure their views are taken into account.

The Trust will take on board the feedback from this second phased of engagement before deciding which option it would like to take forward.

Then, later this year, the Trust will submit what is known as an ‘outline business case’ to the health regulator NHS Improvement.

Once it has approval, there is still a lot more work to be done – including more patient and public engagement and planning approval.



<b>Subject:</b>		<b>Delayed Transfers of Care</b>	
<b>Date of Meeting:</b>		<b>27 June 2018</b>	
<b>Report of:</b>		<b>Executive Director, Health &amp; Adult Social Care/CCG Chief Operating Officer</b>	
<b>Contact Officer:</b>	<b>Name:</b>	<b>Grace Hanley</b>	<b>Tel: 01273 29</b>
	<b>Email:</b>	<a href="mailto:Grace.hanley@brighton-hove.gcsx.gov.uk"><b>Grace.hanley@brighton-hove.gcsx.gov.uk</b></a>	
<b>Ward(s) affected:</b>		<b>All</b>	

**FOR GENERAL RELEASE****Glossary:****DToC: Delayed Transfers of Care****BSUH: Brighton & Sussex University Hospitals Trust****CCG: Brighton & Hove Clinical Commissioning Group****PAT: Patient Assessment Team** (provides an initial assessment of emergency patients at the Royal Sussex County Hospital)**ICU: Intensive Care Unit****WiC: Walk in Centre****PFIS: Patient First Programme** (BSUH internal programme to improve performance)**SDR: Strategy Deployment Review** (BSUH internal review process)**TEC: Trust Executive Committee** (BSUH committee overseeing patient flow work)**GGI: Good Governance Institute** (independent body that sets governance standards)**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 A 'delayed transfer of care' (DToC) occurs when a patient is ready to leave hospital but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'. The [definition](#) of delayed transfers of care used by NHS England is very specific. For example,

data on delayed transfers does not include delays in transferring a patient between different wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

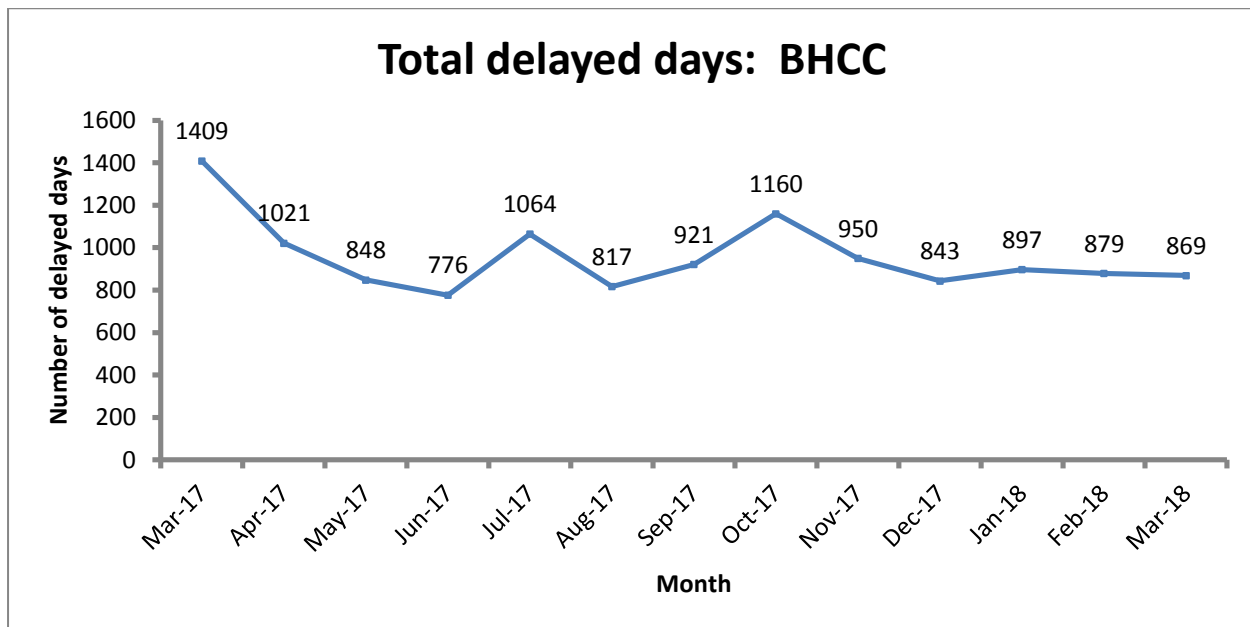
- 1.2 This report contains information on local DToC rates as well as outlining some of the steps that the local health and care system is taking to manage and reduce delays. **Appendix 1** to this report includes information from BSUH on actions being taken to improve patient flow, a key factor in reducing DToC rates.

## **2. RECOMMENDATIONS:**

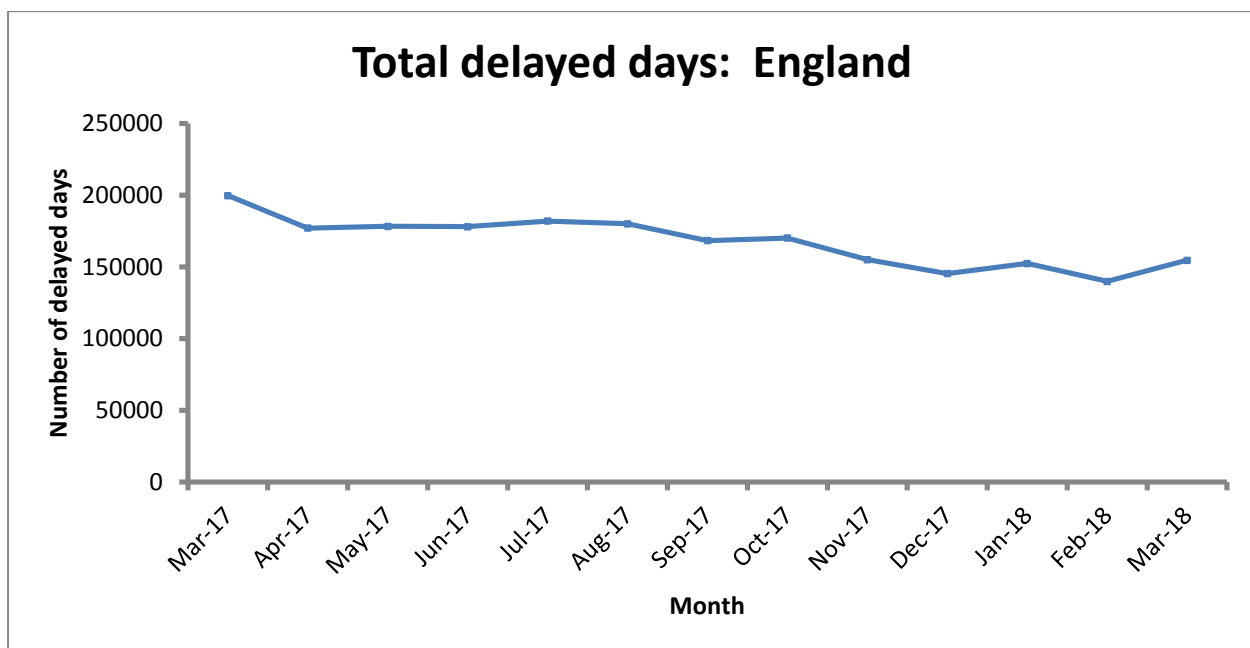
- 2.1 That members note the report

## **3. CONTEXT/ BACKGROUND INFORMATION**

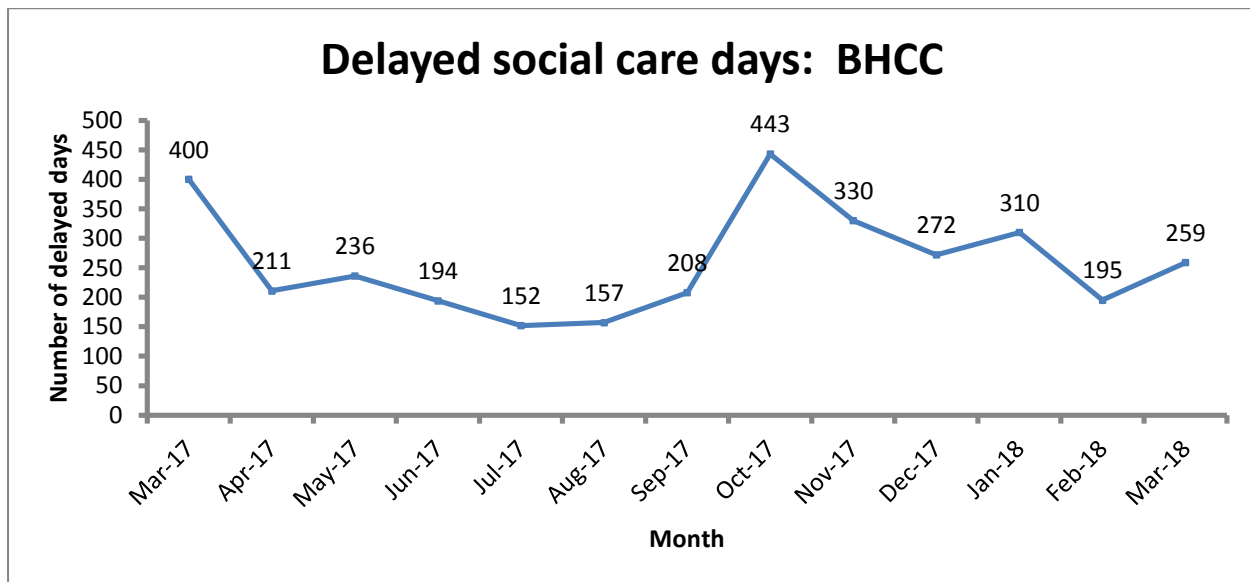
- 3.1 Data on delayed transfers of care is collected from providers of NHS funded care and includes information on the:
  - Local Authority that is responsible for each patient delayed
  - Agency responsible for delay (NHS, Social Services or both)
  - Type of care that the patient receives (acute or non-acute)
  - Reason for delay
- 3.2 Patients ready to transfer are people who no longer require acute care. It is widely accepted that a prolonged acute stay can be detrimental to people's health and wellbeing and that enabling their transfer from hospital as quickly as possible is vital.
- 3.3 In Brighton and Hove we have made a number of improvements in the last 12 months as outlined by the data below:



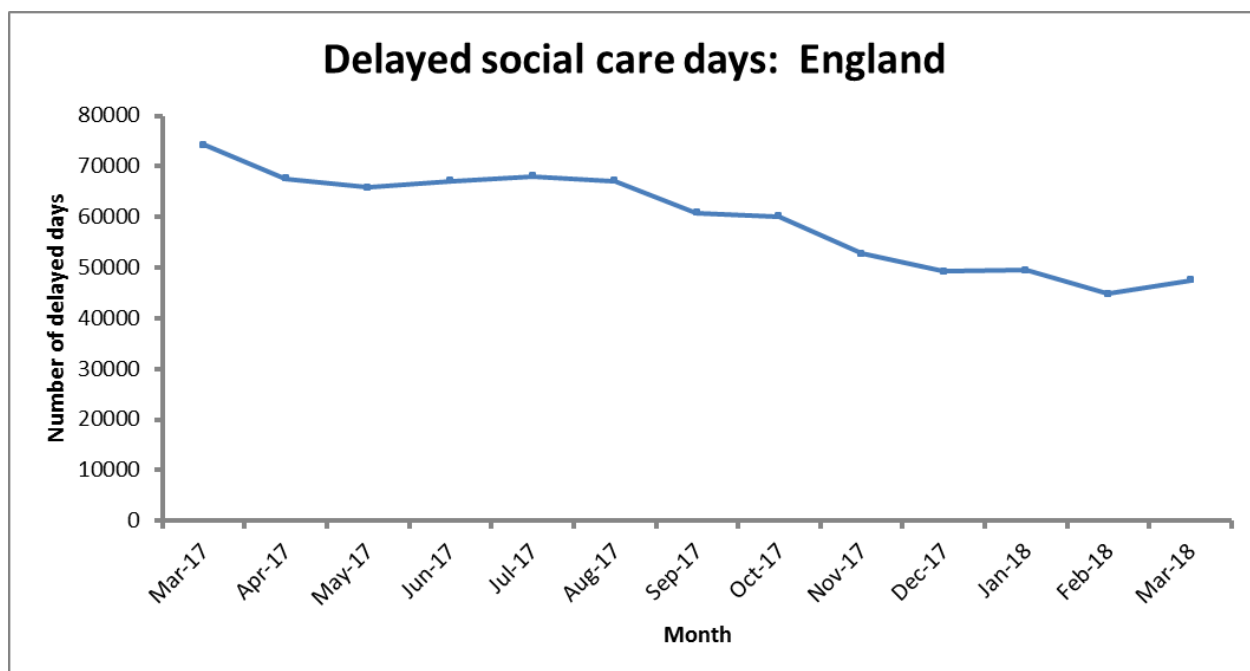
The above graph shows that we have reduced the number of delayed bed days in the last year by 540 days (38.3% decrease since this time last year).



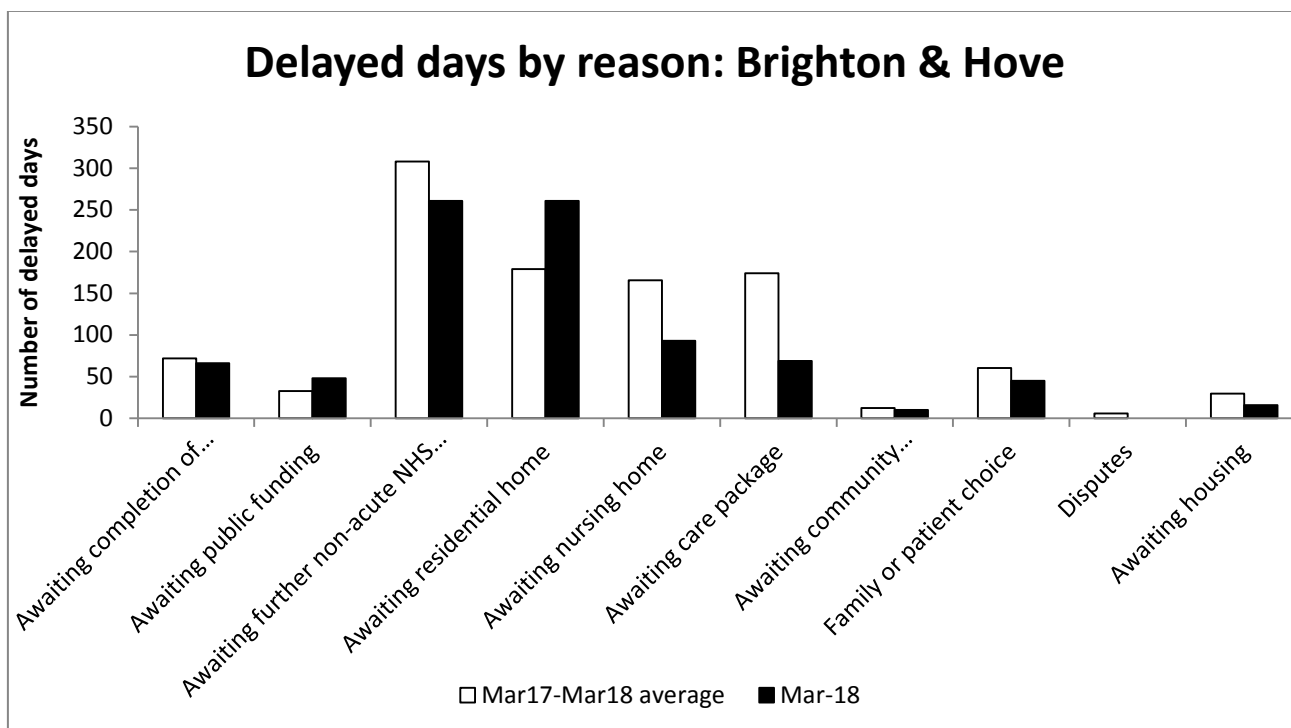
The above graph shows that in England the number of delayed bed days in the last year has been reduced by 45,039 days (22.6% decrease since this time last year).



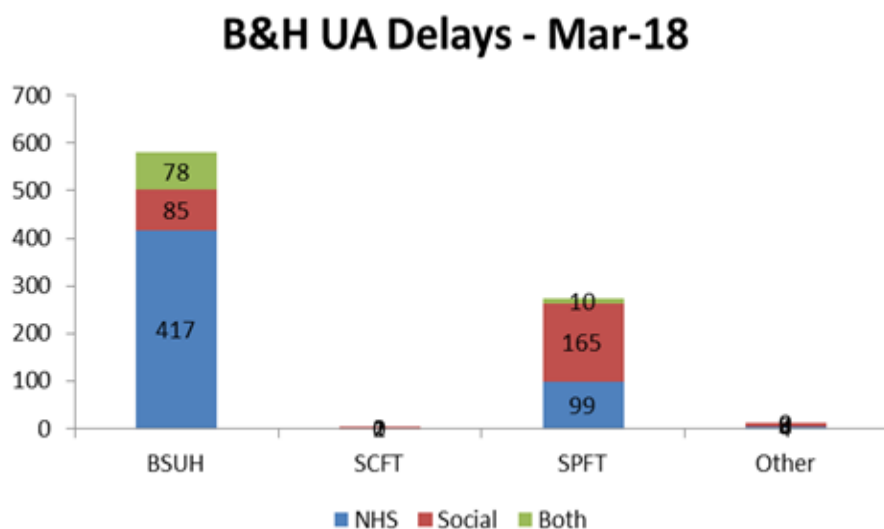
The above graph shows that we have reduced the number of delayed social care bed days (i.e. delays attributable to BHCC social care) in the last year by 141 days (35.3% decrease since this time last year).



The above graph shows that in England the number of delayed social care bed days in the last year has been reduced by 26,831 days (36.1% decrease since this time last year).



The above graph shows March's delayed days against the yearly average. This shows a general improvement, apart from residential care home delays (please note this includes delays for those awaiting specialist mental health placements).



The above chart displays delayed days by responsible provider.

3.4 It should be emphasised that delivery of DToC requires joint working across organisations in a collaborative and supportive manner, as this is the only way delivery will be achieved and maintained. One example of positive joint working is Home First.

**Home First:** working together to enable people to get home quickly and reduce DToCs

- The aim of Home First is to enable the safe discharge to home of all patients including the frail and elderly as soon as they are medically fit to leave hospital. The Home First scheme in Brighton and Hove was instigated by providers of services who were keen to streamline the process, so that patients could be discharged home in a timely way. These providers were Brighton & Sussex University Hospitals NHS Trust (BSUHT), Sussex Community NHS Foundation Trust (SCFT) and Brighton & Hove Health and Adult Social Care Team (HASC).
- Home First was first piloted in Brighton on one ward at the County site from October 2016. It is a flexible model which allows ward staff to identify patients on the wards who are safe to be discharged and have their assessment of needs at home rather than whilst in hospital. This is the 'discharge to assess' model. The care provided at home is person-centred and designed to meet the individual needs of the patient. This model is flexible as it enables patients to set and achieve their goals in their own home. For HASC this has meant comprehensive (Care Act) assessments are completed with the person, in their home, rather than on a ward.
- In order to support the management of DToCs it is essential that providers work collaboratively. BHCC and SCFT have aligned staff resources so that social workers are based within the community SCFT team, which allows improved multidisciplinary case management and ensures that patients can be discharged home earlier than previously and be managed more effectively in the community.
- SCFT and BHCC engage fully in the daily BSUH DToC and complex discharge conference calls, providing solution focused discussions to maximise discharge flow and prevent avoidable DToC.
- SCFT and BHCC are now working closely with BSUH to assist in simplifying discharge pathways from the hospital, this will increase the numbers of patients who receive their assessment of needs at home and will have a positive effect of the further reduction of DToC.

3.5 Another key factor in reducing DToC rates is ensuring that the flow of patients through a hospital is as efficient as it can be. More information on the steps being taken to improve flow at BSUH is included as **Appendix 1** to this report.

## **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

### **4.1 Not applicable to this report for information**

## **5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 None undertaken for this report for information

## **6. CONCLUSION**

6.1 Members are asked to note the information provided on performance regarding Delayed Transfers of Care and on the steps being taken to reduce DToCs.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

7.1 None for this report for information

### Legal Implications:

7.2 There are no legal implications to this report

*Lawyer Consulted: Elizabeth Culbert*

*Date: 01/05/2018*

### Equalities Implications:

7.3 None directly to this report for information. DToCs particularly impact on frail and elderly patients, so any reduction in DToC rates will have a positive impact on these protected groups.

### Sustainability Implications:

7.4 None identified

### Any Other Significant Implications:

7.5 None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

Appendix 1: slides on patient flow provided by BSUH

### **Documents in Members' Rooms**

None

### **Background Documents**

None







# ***ED Flow Improvement***

# Breakthrough Objective

True North Domain	Breakthrough Objective	Executive Lead
Patient	Reduction in negative feedback where staff attitude is cited as an issue	Nicola Ranger (Chief Nursing Officer)
Sustainability	Achieve the Efficiency plan for 2017/18	Karen Geoghegan (Chief Financial Officer)
People	Staff believe that Care is the top priority for the organisation	Denise Farmer (Chief Workforce Officer)
Quality	Improvement in recognition and management of deteriorating patients	George Findlay (Chief Medical Officer)
Systems & Partnerships	Reduction in the numbers of patients waiting >4hrs in A&E who are not admitted	Pete Landstrom (Chief Delivery Officer)

# Focus for Flow Improvement

- Timely Decision Making Supported by Rapid Review and Access to Results
- Non-Admitted Breaches at RSCH
- Overall Performance at PRH
- In Day Flow including Discharge by Midday
- DToC Reduction

# Delivery Through Engagement & Local Ownership

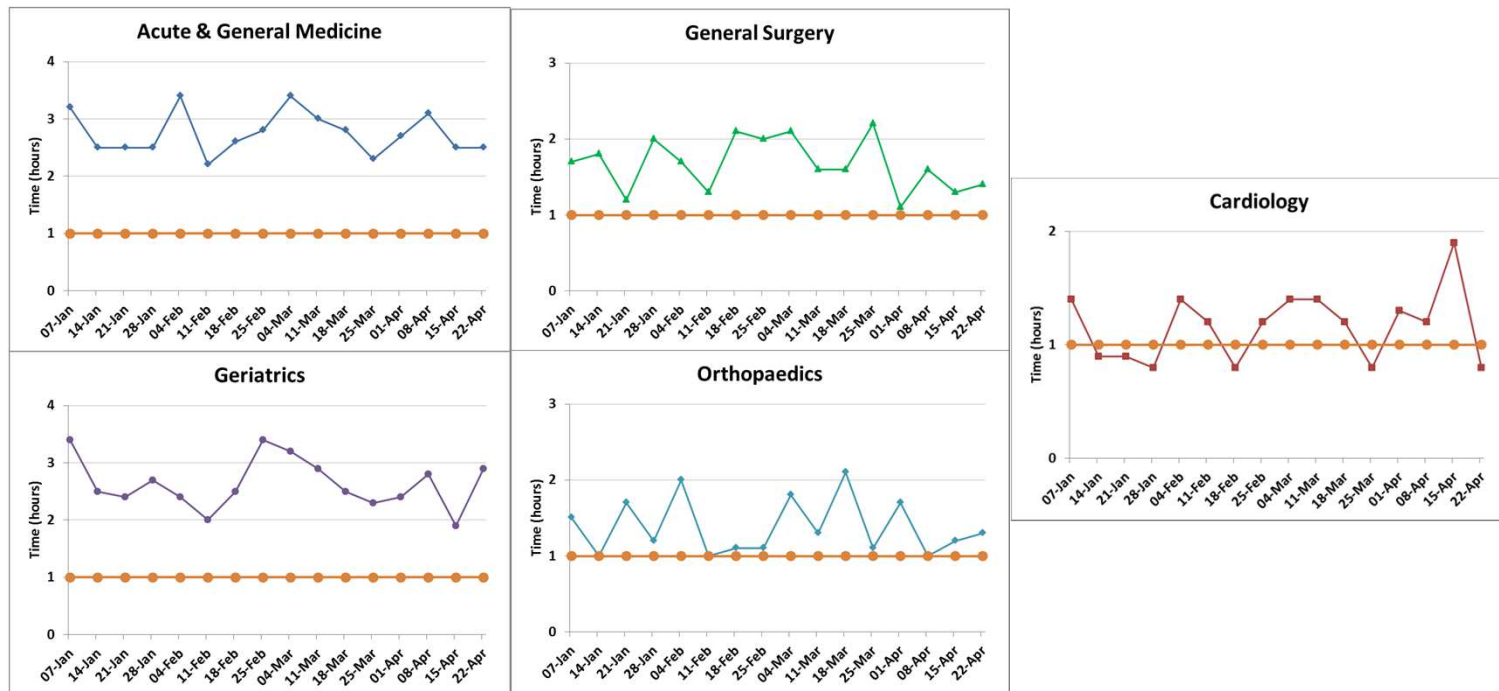
- Weekly Improvement Huddles with Executive support Focusing on:
  - Non-admitted breaches – multi-specialty / executive supported
  - 10 pilot wards for in day flow at RSCH



- PRH Flow Improvement steering group with Multi Disciplinary reps
- Enhanced senior leadership presence at PRH
- Daily DToC calls with system partners to unblock flow

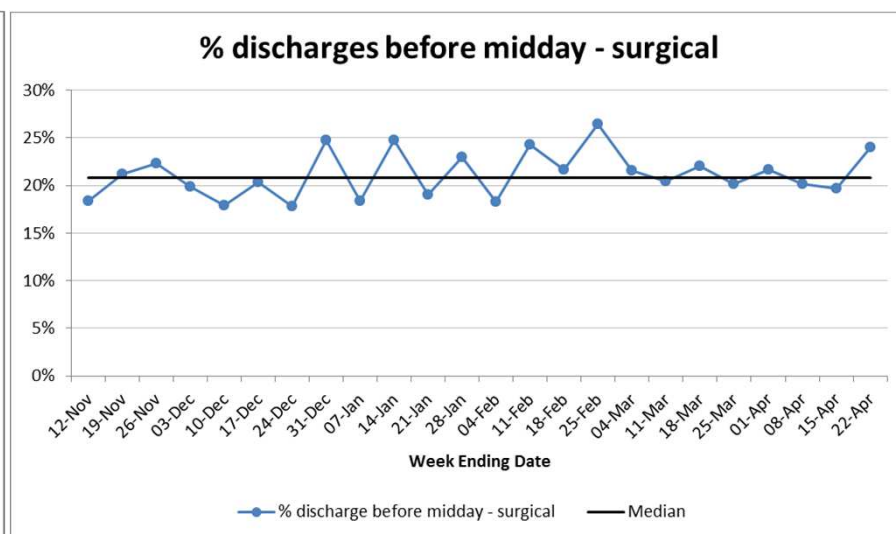
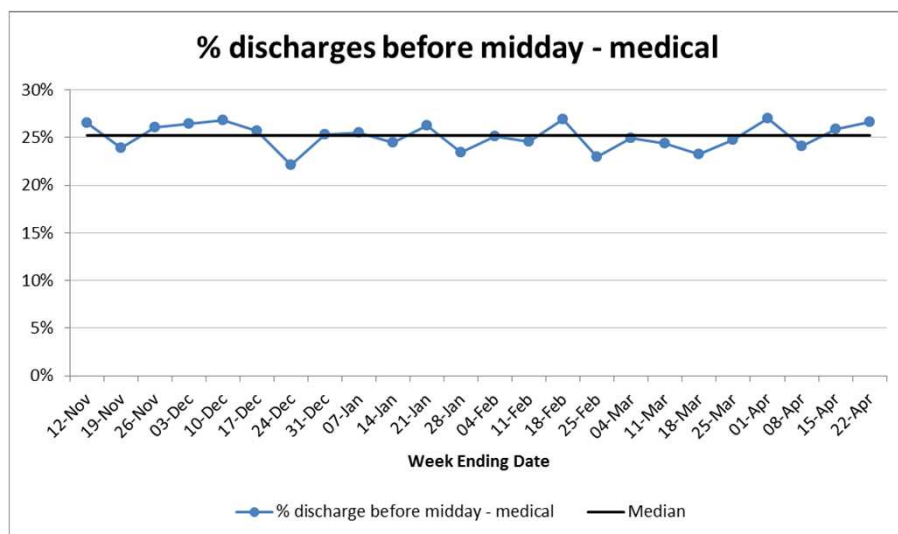
# Breakthrough Objective Impacts

- Increased consistency of PAT / slowly improving specialty referral times
- 93% of all blood tests now returned within an hour / 15% to 2% haemolysed
- Average reduction of 1hr for all Radiology Led Discharge patients
- Further Improvement Focus on timely specialty review



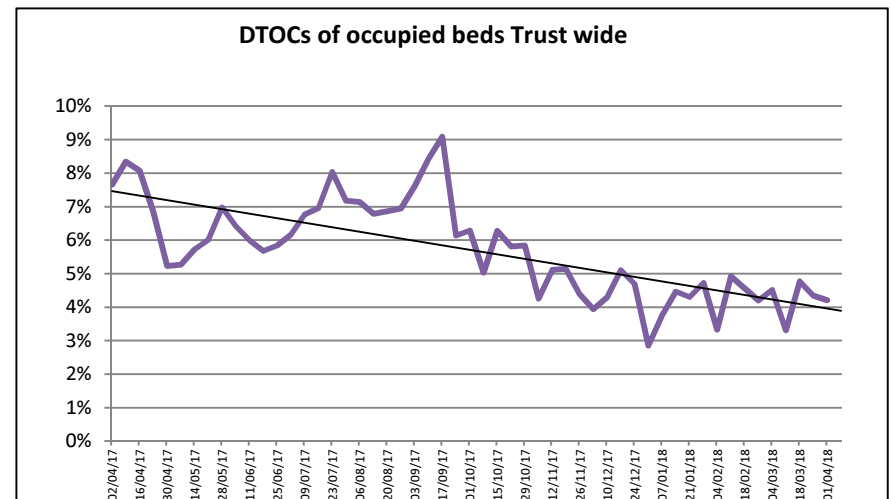
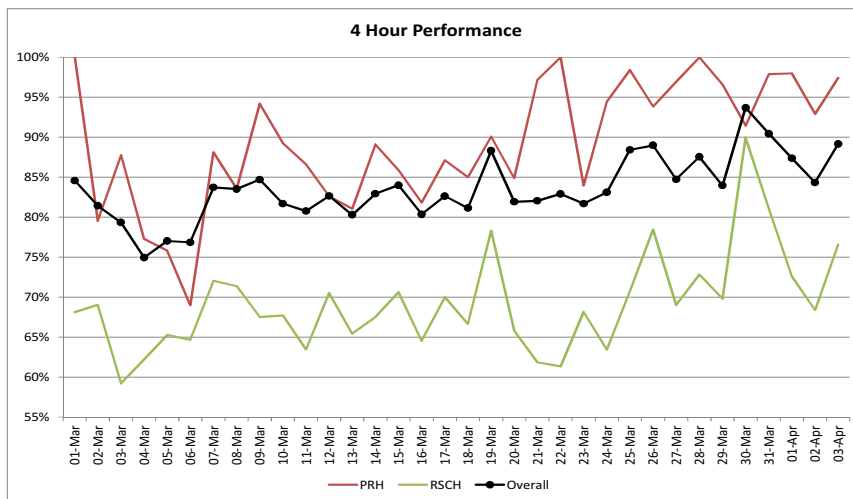
## Breakthrough Objective Impacts (2)

- Trust wide discharges by midday in the region of 25%.
- Stretch target of 33% has been set.

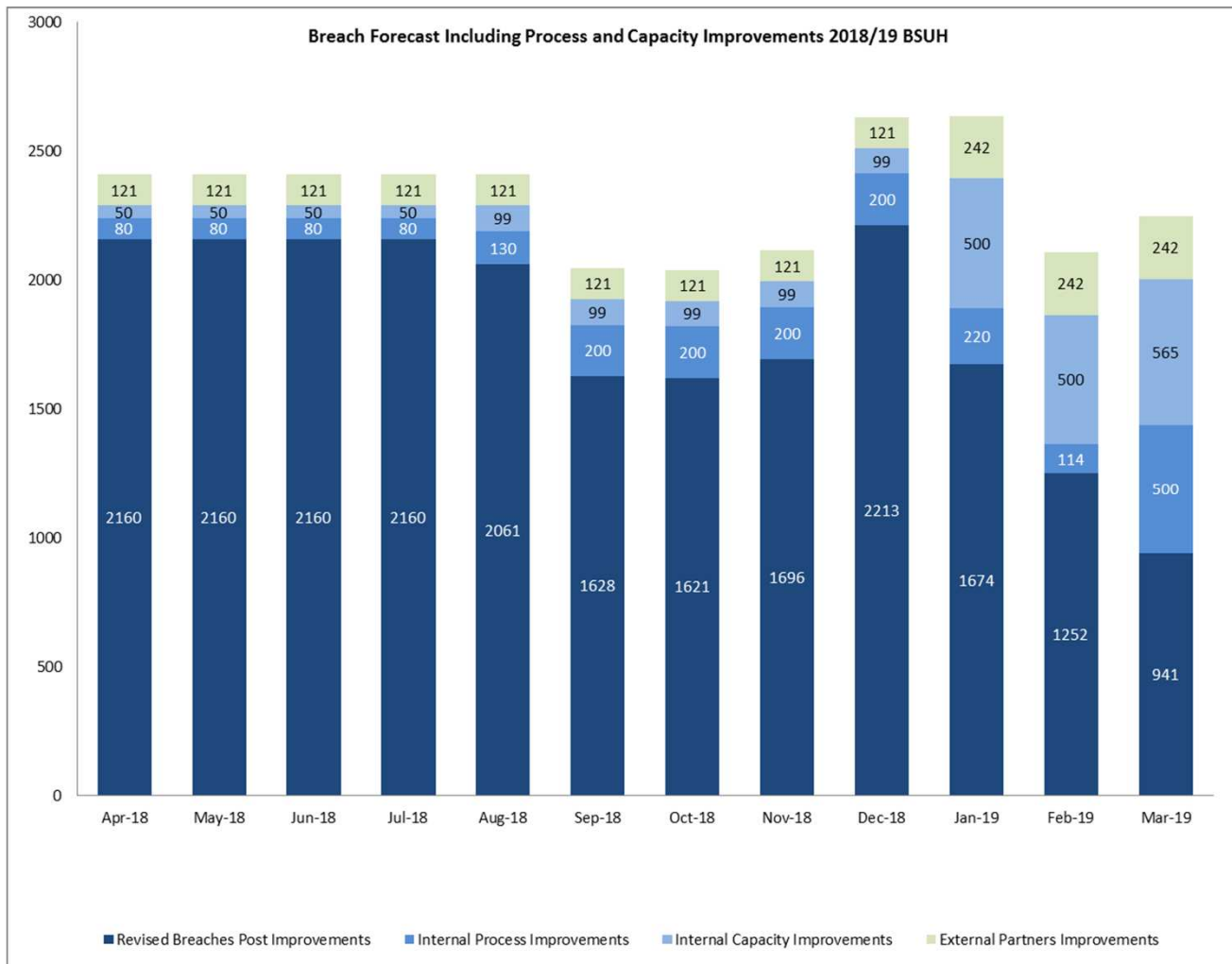


# Performance Improvements

- 3-5% improvement in A&E performance compared to last year
- Overall March performance 83.3% and 1.3% improvement from February 2018
- A&E attendances up 3% on March last year with high acuity and ICU pressures
- April performance to date 84.7% (Incl WiC) –
- DToC's reduced although more to do..



# Breach Reduction Improvement 2018/19





# Governance and Assurance

- Operational Delivery
  - Feed into Emergency Care delivery group
  - Governance through to Operational Delivery steering group and into TEC / Board
  - Mirrors best practice GGI governance structures – launch April 2018
- Breakthrough Objective Weekly Huddle
  - Reporting on progress against each of the 16 improvement projects
  - Coordinate specialty efforts to ensure appropriate focus and support
  - Executive input to unlock problems
- PFIS in ED / Divisional SDR process
  - Huddle metrics forming part of ED PFIS driver metrics
  - Key metrics contained within divisional scorecard
  - Business rules for escalation to countermeasure summary
  - Functions as performance management, problem solving and coaching



<b>Subject:</b>	<b>Healthwatch Brighton &amp; Hove: Annual Report on the Healthwatch Environmental Audit of BSUH</b>		
<b>Date of Meeting:</b>	<b>27 June 2018</b>		
<b>Report of:</b>	<b>Executive Lead, Strategy, Governance &amp; Law</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 01273 295514</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Healthwatch Brighton & Hove volunteers conduct regular 'enter & view' inspections of local healthcare facilities to check on facilities from a service user perspective.
- 1.2 Healthwatch has recently published an annual report which combines the information it has gathered from visits to the Royal Sussex County Hospital, the Royal Alex Children's Hospital and the Sussex Eye Hospital. All these services are managed by Brighton & Sussex University Hospitals Trust (BSUH). This report has been referred to the HOSC by Healthwatch (see **Appendix 1**).

**2. RECOMMENDATIONS:**

- 2.1 That members note the Healthwatch Annual Environmental Audit of BSUH.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Please see the information included in Appendix 1.

**4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 Not relevant to this report for information.

**5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 None directly.

**6. CONCLUSION**

- 6.1 The Healthwatch Annual Report on the Environmental Audit of BSUH is presented for information.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 None to this report for information

### Legal Implications:

- 7.2 None to this report for information

### Equalities Implications:

- 7.3 None to this report for information

### Sustainability Implications:

- 7.4 None to this report for information

### Any Other Significant Implications:

- 7.5 None to this report for information

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Healthwatch: Annual Report on the Healthwatch Environmental Audit of BSUH

### **Documents in Members' Rooms**

None

### **Background Documents**

None





# Environmental audits of the Brighton and Sussex University Hospitals Trust (April 2017- March 2018)

## An annual Healthwatch report

*Published June 2018*



## Contents

Item	Title	Pages
1.	Acknowledgements	3
2.	Executive summary	3
3.	Partner comments	4
4.	Findings summary	5
5.	Introduction and methodology	8
6.	Observations and findings from Healthwatch audits	10
7.	Recommendations (in detail)	13
8.	Case study: positive change at the Claude Nicol and Lawson Units delivered through Healthwatch environmental visits	16
9.	Annex A - Dates and locations of Healthwatch visits	18
10.	Annex B - Results from the 2017 Patient-Led Assessment of the Care Environment (PLACE)	20
11.	Annex C - NHS 15-step challenge scores per ward / department: summary	22
	Healthwatch contact details	23



## 1. Acknowledgements

Healthwatch would like to thank the following Healthwatch volunteers who have supported this project: Tony Benton, Mike Doodson, Nick Goslett, Vanessa Greenaway, Frances McCabe, Sylvia New, Sue Seymour, Lynne Shields, Maureen Smalldridge, Louise Spry and Roger Squier.

We would also like to thank Terece Walters and Karon Goodman and all the staff of the Brighton and Sussex University Hospital Trust who facilitated our visits.

## 2. Executive summary

Since December 2016, Healthwatch Brighton and Hove (Healthwatch) has been making dedicated monthly visits to the Brighton and Sussex University Hospital Trust (BSUH) estate, which includes the Royal Sussex County Hospital (RSCH) and Royal Alexandra Children's Hospital (RACH). These monthly visits are called Environmental Care Audits ("audits"). This is the first Healthwatch annual report which summarises the findings from these audits; and specifically those undertaken from April 2017 to March 2018.

During this time period Healthwatch volunteers undertook 10 separate audits, and provided BSUH with 114 recommendations. Healthwatch audited the following areas within the RSCH and RACH: the adults and children's Accident & Emergency departments; 3 departments within the Eye Hospital; 10 individual wards; and a further 9 clinics, departments or units. Our team of volunteers also audited several areas of the Newhaven Day Hospital which is located in the Hill Rise Hospital<sup>1</sup>. Three of the audits undertaken in 2017 were 'follow-up' visits where our volunteers were able to assess the hospital environments against data gathered from previous Healthwatch audits. These follow-up visits were made to the Eye Hospital, Claude Nicol and Lawson Units and the main adults A&E department; and in all instances Healthwatch observed tangible improvements to the physical environments, although a smaller number of issues appeared not to have been addressed.

In addition, during December 2016 to March 2017, Healthwatch volunteers audited a further 7 wards, and 4 units or departments, and also conducted semi formal inspections of the environment whenever it entered a public health setting e.g. whilst conducting patient surveys. The findings from these visits are not included within this annual report.

Overall, the number of audits conducted during this 12 month period means that Healthwatch has audited a good proportion of the BSUH estate, and means that our findings represent a reliable and robust picture of the physical environment of our local hospitals, especially that of the RSCH estate.

---

<sup>1</sup> Hill Rise Hospital is part of the Sussex Partnership NHS Foundation Trust.

### 3. Partner comments

#### **Brighton and Sussex University Hospitals NHS Trust**

Although the Royal Sussex County Hospital campus has seen significant developments over the last 40 years, much of the infrastructure and many of the patient facilities on the remaining half of the campus have been outgrown and do not provide modern standards of privacy and dignity. The Trust currently also does not have the capacity to treat all the patients in the region who require specialist tertiary care for neurological and neurosurgical conditions, nor for all the patients needing radiotherapy or chemotherapy for cancer.

BSUH has benefitted greatly from the close working with Healthwatch; the clear objective is to ensure our environment meets the needs and expectations of our patients at all times. We acknowledge that there have been significant challenges over the years, which has resulted in some items highlighted not being undertaken in a timely manner for a range of reasons. With the new Executive Team, who have been in post for a year, BSUH has a clear vision to put patients and carers at the centre of all we do and there is a drive to improve the patient environment and engage all stakeholders. There are planned inspections each month with Healthwatch representatives, which have a very positive impact on our hospital. Healthwatch are invited and attend the Trust's formal monthly PLACE meeting and are represented on the Food Improvement Group; and this gives an opportunity for us to incorporate the public's view into our decision making and conversations.

Healthwatch's input is invaluable and promotes engagement with clinical colleagues, reinforcing that things are always considered and viewed from a patient's perspective. There have been a range of projects that have been delivered successfully - some of which have been highlighted in this paper - which have had a significant impact on our environment, all of which Healthwatch has been instrumental in the delivery of. These include: the upgrading of the public toilets with our Main Outpatients Building; refurbishment of Bristol ward; providing adequate compliant storage for linen and cleaning equipment along with a dedicated secure waste room thus promoting correct segregation of waste; an increase in clinical storage space, and a dedicated room for the multi-disciplinary team to base themselves in within the environment. All of these initiatives have had a positive impact on our patients and staff.

There are other projects that have commenced but not yet been fully delivered, such as new signage across BSUH which remains incomplete and remains challenging due to the building works. BSUH recognises that there are pieces of furniture that require attention and bids have been submitted to address this and are being considered. BSUH operates a 'Dump the Junk' system which enables staff to have broken kit removed and also promotes recycling of items no longer required by one area that are of use to another.

We look forward to the continued involvement of Brighton and Hove Healthwatch in working with us to improve services and environment.

## 4. Findings summary

The table below provides a summary of the locations audited by our volunteers from April 2017 to March 2018, with further detail given in Annex A.

**Table A: Dates and locations of audits undertaken by Healthwatch**

Date	Location
May 2017	Newhaven Day Hospital
June 2017	Paediatrics, Main X-Ray, MRI and CT units (RSCH)
July 2017	Early Pregnancy Unit and Day Assessment Unit (RSCH)
August 2017	Stroke wards (Donald Hall and Solomon wards , RSCH)
September 2017	Claude Nicol and Lawson Unit (Sexual Health and Contraception, RSCH))
October 2017	Digestive Diseases Centre and Endoscopy Unit (RSCH)
November 2017	Eye Hospital (RSCH)
January 2018	Respiratory (Catherine James, Overton and Egremont wards, RSCH)
February 2018	Main Accident and & Emergency department (RSCH)
March 2018	Royal Alexandra Children's Accident & Emergency department (RSCH)

The outcomes from these 10 audits included a total of 114 recommendations made to the Trust, together with a large number of positive observations. We identified a number of improvements that the Trust could take which Healthwatch considered would improve the environment of the various wards, departments, clinics and units. A number of issues were regularly reported by our volunteers, which we have grouped together under nine themed headings (see Table B, and also Table E for additional detail). In making these recommendations Healthwatch acknowledges that the current building works at the RSCH makes the working and patient environment challenging. We consider that good quality environments nevertheless help to improve safety and dignity for patients and improves the working environment and morale for staff.

**Table B: Themes and recommended actions identified by Healthwatch**

	Theme identified	Recommended improvements
1	<b>Improve the quality of patient information</b>	For example, by improving information about waiting times, and using notice boards to display information about staff.
2	<b>Improve signage</b>	A consistent style and format should be adopted across the whole estate to assist the public in finding their way around.
3	<b>Promote the consistent use of hand gels</b>	More prominent notices should be installed to encourage the public to use hand gels thus helping to combat infections.
4	<b>Replace/update equipment or furniture</b>	Worn chairs, desks and flooring should be replaced or repaired to improve the aesthetics, and help combat infections.
5	<b>Undertake general maintenance sooner</b>	Improving the timeliness with which smaller maintenance issues are actioned needs to be addressed by the Trust.
6	<b>Improve/identify better storage facilities</b>	Time should be taken to identify dedicated storage facilities across the estate (and improve their design and layout).
7	<b>Improve ventilation, heating, lighting</b>	For example, some further improvements to the lighting in the Eye Hospital would be beneficial to patients with poor sight, and improved ventilation is needed on maternity wards.

8	<b>Review cleaning standards</b>	Consistently high standards of cleaning must be maintained at all times across the whole estate.
9	<b>Improve security/safety</b>	Action is needed to ensure that rooms containing medicines, cleaning products etc are kept locked at all times

Healthwatch identified a large number of positive findings during each audit which are summarised in Table C (with more detail provided in Table F). In all instances the staff on duty were welcoming and attentive to patients and/or their relatives and carers.

**Table C: A summary of positive findings or observations from the 10 audits**

<b>Location</b>	<b>Positive observations</b>
Newhaven Day Hospital	A clean, tidy and well-organised ward. Patients have pleasant external views. There is a dedicated patient dining area.
Paediatrics, Main X-Ray, MRI and CT scanning units	Excellent natural and artificial lighting and ventilation. Attractive décor.
Early Pregnancy Unit and Day Assessment Unit	Welcome signs in place and informative notice boards in use. Water dispensers in place. Comfortable seating available.
Stroke wards (Donald Hall and Solomon wards )	A flexible system of visiting times is operated. Staff wear colour coded uniforms to identify role and seniority.
Claude Nicol and Lawson Unit (Sexual Health and Contraception)	Clean, light and welcoming. A TV screen provides patient info. An induction loop and access ramp is in place. Both units were recently decorated. Modern UPVC windows are installed.
Digestive Diseases Centre and Endoscopy Unit	User-friendly signage has been adopted. Disability access exists. The units are light, airy, clean and tidy. Staff roles are displayed.
Eye Hospital	A low-level reception desk is in place for wheelchair users. Feedback boxes are clearly displayed. Consistent signage is in use throughout.
Respiratory (Catherine James, Overton and Egremont wards)	A calm, quiet and relaxed environment for patients is provided.
Main Accident and & Emergency department	A wide range of patient info is available. New style signage has been adopted. There is an excellent variety of quality seating in the Ambulatory Care Unit.
Royal Alexandra Children's Accident and & Emergency department	Ample toys are available. A TV screen shows child-friendly programmes. Privacy screens are in use. There is an informative notice board and a wide range of patient info is available. Good signage exists throughout.

The environmental audits organised by Healthwatch, and the findings and recommendations made by our volunteers, have led to demonstrable improvements across the BSUH estate.

### **Eye Hospital, 2014 and 2017**

In 2014, Healthwatch volunteers participated in Patient-Led Assessments of the Care Environment (PLACE). They found that the Sussex Eye Hospital had serious problems ranging from faulty windows which let in cold air and created dampness such that rooms could not be used; to uncomfortable chairs, poor flooring and shabby décor. The visit resulted in a number recommendations from Healthwatch to the BSUH Trust Chief Executive, which in turn led to a £3 million investment programme in 2015 which has remedied most of these issues and improved the facilities for patients and staff with new treatment rooms, as well as a separate waiting area for young patients. The 2014 Healthwatch audit played a valuable role in helping to deliver these improvements. In 2017, Healthwatch volunteers again visited the Sussex Eye Hospital and observed significant improvements in the overall environment, awarding it near perfect scores in three of the four categories that were used to assess the quality of the environment.

In 2018/19, Healthwatch will continue its monthly audit of the BSUH estate, as well as be involved in the more formal Patient-Led Audit of the Care Environment (more information on this 'PLACE' audit is given in the 'Observations and findings' section of this report below). We are also contemplating how we might extend these audits to include the Mill View hospital which is part of the Sussex Community Foundation Trust, and which provides invaluable care to individuals living with mental health conditions.

## 5. Introduction and methodology

### Aims

The monthly audits undertaken by Healthwatch volunteers provide an invaluable insight into the environment of the hospitals and wards within the BSUH estate. The audits allow them to see first-hand the many positive aspects of our local hospitals; as well as providing an opportunity to raise any issues or concerns they identify directly with Healthwatch, who in turn bring these to the attention of senior figures at the Trust. This regular, independent, supply of information empowers the Trust to act on emerging issues much sooner. In turn, patients should benefit from higher standards of care, dignity and safety being maintained across the BSUH estate and staff should witness requested improvements being made. The information we gather also provides Healthwatch with an audit trail which it uses to assess whether our concerns have been acted on.

These monthly audits build on an annual assessment of the BSUH estate called the 'Patient Led Assessment of the Care Environment' or PLACE (see Annex B). Results from PLACE are published each year and show how hospitals are performing both nationally and in relation to other hospitals providing similar services. They provide motivation for improvement by offering a clear message, directly from patients, about how the environment or services might be enhanced. In summary, PLACE provides a framework for assessing what good quality environments look like against common guidelines and standards.

The monthly Healthwatch audits allow Healthwatch to undertake a more regular review on the areas covered by PLACE namely:

- cleanliness;
- food;
- privacy, dignity and wellbeing;
- condition, appearance and maintenance;
- suitability of the environment for those with a disability and/or dementia.

### Methodology

Part of the local Healthwatch programme is to carry out 'enter and view visits'. Our volunteers are all trained 'Authorised Representatives' and the Health and Social Care Act 2012 permits them to carry out visits to local health and social care services on behalf of Healthwatch. Their role is to find out how these services are being delivered, to promote positive experiences, and make recommendations for improvement. They can do this by talking to patients and their relatives or carers, and by recording their observations.

Healthwatch use these powers to conduct our environmental audits of the BSUH estate. Each month, Healthwatch determines which site to visit, and sends two volunteers to tour the designated area accompanied by two members of BSUH staff. The focus of our audits is always the patient experience and how this might be improved.

When carrying out audits, Healthwatch volunteers record their observations of the physical environment recording notes under the following heading:

- Positive findings/observations
- Challenges and concerns noted
- What staff told us
- Recommendations to the Trust

From August 2017, Healthwatch introduced a new checklist for volunteers to complete. This is largely a 'yes/no' exercise, with opportunity for volunteers to record any positive findings and make recommendations under three headings:

- welcoming environment** e.g. is relevant and up-to-date information available; is signage in place, and is it helpful; and overall, does the ward instil confidence and trust?
- safe environment** e.g. are high cleaning standards being maintained; are hand gels in use; are medicines and dangerous substances stored safely; are fire exits and equipment in place?
- well-organised environment** e.g. is equipment being stored safely?

A fourth heading was added in November 2017 to record observations under the heading "(iv) **caring and involving**" which is used to assess how well the environment protects individual privacy, dignity and wellbeing e.g. are patients dressed to protect their dignity.

The checklist we use is based on the NHS publication "*The Fifteen Steps Challenge: Quality from a patient's perspective (2012)*"<sup>2</sup> which is concerned with what "good quality care looks and feels like from a patient's perspective". The toolkit is designed to help "look at hospital care through the eyes of patients and relatives, helping to hear what good looks like". The toolkit aligns with the Care Quality Commission core quality standards, and matches many of the quality standards developed by the National Institute for Health and Clinical Excellence (NICE).<sup>3</sup>

After they have completed an audit, Healthwatch volunteers finalise their feedback sheet and checklist and submit these to Healthwatch who then shares these with BSUH staff. In turn, Healthwatch should be provided with an action plan that specifies the issues identified by Healthwatch and what the Trust proposes to do about them.

---

<sup>2</sup> <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/15-Steps-Challenge-toolkit.pdf>

<sup>3</sup> Our work aligns with wider NHS guidance and standards produced by the National Institute for Health and Care Excellence (NICE). This approach ensures that any observations and recommendations made by Healthwatch are meaningful and, if adopted, can lead to changes that will ultimately benefit patients.

## 6. Observations and findings from Healthwatch audits

Healthwatch introduced a checklist for volunteers to complete in August 2017, meaning that a checklist was completed for only seven of the ten audits undertaken from April 2017 to March 2018. The checklist recorded the scores given by our volunteers for each audit under four separate headings. The average scores awarded across the seven audits were as follows:

**Table D: Average scores by assessment heading**

Assessment heading	Score out of 10
The environment was welcoming	7
The environment was safe	7.8
The environment was caring	8
The environment was organised	8.3

The scores awarded during each audit represent the views of the Healthwatch volunteers in their role as 'patient' e.g. "As a patient what score would I give this ward under each heading?" A series of statements taken from the NHS 15-step challenge were used to help guide their thinking. As can be seen, the average scores were all good or very good. Healthwatch considers that a score of 9 or 10 indicates that the ward in question is performing strongly with little or no room for improvement; a score of 7 or 8 suggests there are a number of areas which require attention in order to improve the physical environment, and a score of 6 or less indicates there are significant changes required to the physical environment to bring it up to the standard which patients are entitled to demand. A full breakdown of the scores awarded for each audit is given at Annex C. During some audits more than one checklist was completed i.e. this occurred when two or more wards were visited as part of the same visit and where the environments showed marked differences.

Individually, the highest audit scores were awarded to the Eye Hospital and Royal Alexandra Children's Accident and Emergency department. In both cases, the sites scored 9 out of 10 in three of the four categories used to assess quality. The Eye Hospital underwent a £3 million renovation in 2015 partly following earlier concerns reported by Healthwatch following a PLACE visit in 2014<sup>4</sup>. The Children's Hospital is currently the newest part of the RSCH estate, having opened in 2007, and was designed to meet modern healthcare specifications. It is perhaps not surprising therefore that both sites scored well overall given the large financial investments that have made in improving their infrastructures. Nevertheless, during the 2017 audits Healthwatch noted a number of concerns and made several recommendations to further improve both sites, some of which are shown in Table E below.

<sup>4</sup> <https://www.healthwatchbrightonandhove.co.uk/news/press-releasehealthwatch-actions-kick-start-the-sussex-eye-hospital-redevelopment/>



### Are environments welcoming?

The heading which consistently received the lowest scores across the seven audits was '*Is the environment welcoming?*'. Only two sites were given a score of 9 out of 10 (the Eye Hospital and Children's A&E), whilst three sites scored only 5 or 6 (Claude Nicol, Digestive Diseases and Stroke wards). Where low scores were given some of the main reasons included poor signage and a lack of or poor quality patient-targeted information which was also sometimes out of date. Some sites had poor ventilation and air-conditioning (Maternity and Respiratory wards); whilst it was felt that some of the decor in the Respiratory wards could be improved.

Those sites which scored highly included features such as attractive décor and art work, a wide range of informative patient information, clear welcome signs, information about staff, and items which were designed for the patient demographic e.g. toys were provided in the Children's A&E department.

In all cases, the staff that were on duty were observed to be welcoming.

### Are environments safe?

Under the '*Is the environment safe?*' heading, volunteers were asked to observe the overall cleanliness of the environment; the use and availability of hand gels; whether medical items were safely stored and if the environment was uncluttered.

The majority of the sites audited scored a 7 or 8 under this heading. The exceptions were the Eye Hospital and Children's A&E which both received a 9, and the 6 given to the Respiratory wards. Sites which scored well had common features such as clear fire exit signage; good lighting; plenty of hand gels and notices encouraging their use; good hygienic storage, and dedicated rooms containing medical or cleaning items that were locked. Where sites scored less well, some of the main observations were that hand gel usage by the public was poor and/or notices did not encourage their usage; and most sites had a number of maintenance issues, some of which were long-standing. In some instances repairs were needed to maintain hygiene, for example on a number of occasions flooring and chairs were observed which had been repaired with hazard tape. In addition, during our audit of the Maternity units (based in Thomas Kemp Tower) staff told Healthwatch that they felt a number of their environmental concerns were regarded as being low priority and that repeated requests to improve ventilation were routinely ignored.

### Are environments well organised?

The heading which consistently received the highest scores was '*Is the environment organised?*' with four separate audits being given 9 out of 10. Such sites were routinely reported to be calm, organised and generally uncluttered.

In several audits, volunteers recommended that equipment could be stored better. On several occasions the doors to linen, sluice, staff rooms and other rooms were reported to have been left open and accessible to patients and relatives when they should not have been.

Some of the lowest scores given under this heading were recorded for the Respiratory wards (Catherine James ward, Overton ward and Egremont wards) and Stroke wards (Solomon ward and Donald Hall ward). Healthwatch noted that all of these wards are located in the Barry building which will be replaced as part of the '3T's redevelopment' of the RSCH site. It is widely accepted that the Barry building is old, and the environment is often poorer than other areas of the BSUH estate. However, Healthwatch does not accept the argument that the site will be replaced as part of the 3Ts's development as justification for failing to implement improvements now; especially as the first stage of the new development will not open until winter 2020/2021. Between now and then patients are entitled to expect higher standards from the physical environment than they are currently receiving.

### **Are environments caring (respecting privacy and dignity)?**

As indicated, Healthwatch only began to record observations under the '*Is the environment caring?*' heading in November 2017. This assessment does not relate to the standard of nursing or doctor care, rather it considers whether the environment recognises the privacy and dignity of patients e.g. issues such as whether patients are dressed to protect their dignity, and whether cubicle curtains are long enough to provide privacy and do they fully close?

The four sites visited since November 2017 were all allocated between 7-9 points (out of 10). Where concerns were identified these related to whether more could be done to ensure patient privacy is protected e.g. the walls of some consulting cubicles did not always extend all the way to the ceiling potentially allowing for conversations to be overheard.

## 7. Healthwatch recommendations

Overall, Healthwatch identified nine key areas which it considers would help to improve the environment of the various wards, clinics and departments within the BSUH estate.

**Table E: Areas where there is scope for improvement and recommended actions**

Area for improvement	Recommended actions
Improve the quality of available information	<ul style="list-style-type: none"> <li>• Improve the quality of information on noticeboards by ensuring all information is relevant and up-to-date.</li> <li>• Provide clearer information about staff on duty and their job roles (including clearer job titles on staff uniforms).</li> <li>• Ensure 'Friends and Family' test boxes are provided and prominently displayed to enable patients and relatives to provide feedback and make suggestions for change.</li> <li>• Improve information on wait times. In many cases none was available and/or TV monitors designed to provide this information were not working.</li> </ul>
Improve signage	<ul style="list-style-type: none"> <li>• Across the BSUH estate different styles of signage are in use and adopting a uniform approach would help people find their way about. In a number of instances signage was missing, hard to find, hidden or unclear.</li> </ul>
Promote the consistent use of hand gels	<ul style="list-style-type: none"> <li>• Whilst hand gels were often in place during audits, their observed usage by members of the public was poor. Prominent signage is needed to encourage the use of hand gels.</li> </ul>
Replace/update equipment or furniture	<ul style="list-style-type: none"> <li>• In several sites, some of the furniture and fixtures were worn and in poor condition, and looked unhygienic. Items should be replaced, and items which are no longer in use should be removed to declutter the environment.</li> </ul>
Undertake general maintenance sooner	<ul style="list-style-type: none"> <li>• Numerous smaller maintenance issues were observed, which in a number of cases had been awaiting action for several months. The Trust should improve the timeliness re: maintenance issues.</li> </ul>
Improve/identify better storage facilities	<ul style="list-style-type: none"> <li>• A review of storage facilities should be undertaken. In some cases, Healthwatch observed patient toilets being used to store items and/or items being poorly stored or left in inappropriate locations.</li> </ul>
Improve ventilation, heating, lighting	<ul style="list-style-type: none"> <li>• Improvements in this area are recommended for the Eye Hospital, Respiratory wards and Maternity units, and the Stroke wards.</li> </ul>
Review cleaning standards	<ul style="list-style-type: none"> <li>• In late 2017/early 2018 our audits began noticing a deterioration in cleaning standards, which should be reviewed and rectified immediately.</li> </ul>
Improve security/safety	<ul style="list-style-type: none"> <li>• Healthwatch noted with concern evidence of sluice, medicine and storage rooms being left opened and accessible to the public. Immediate action is required to ensure that such rooms remain inaccessible.</li> </ul>

## A summary of Healthwatch findings following each separate audit

**Table F: A summary of positive findings or observations from each individual audits**

Location	Positive observations	Recommended actions
Newhaven Day Hospital	A clean, tidy and well-organised ward. Patients have pleasant external views from wards which are full of natural light. There is a dedicated patient dining area where patients are encouraged to eat together.	A few minor maintenance issues need attention e.g. lose handrails; some lights not working. Staff told us that getting woodwork repairs done is problematic.
Paediatrics, Main X-Ray, MRI and CT scanning units	There is excellent natural and artificial lighting and ventilation, and attractive décor. Overall facilities in the Education department are impressive. Several patients provided unsolicited positive comments.	General maintenance issues were noted e.g. stained ceiling tiles and some chairs need replacing. Some poor cleaning standards were noted. A TV monitor is not working. The shower room is used to store toys and clothes.
Early Pregnancy Unit and Day Assessment Unit	Welcome signs are in place and informative notice boards are in use. Water dispensers are in place and comfortable seating is available. Available data showed excellent infection control on the wards.	Signage to the units is poor. Some flooring needs replacing. Poor ventilation was noted. Patient privacy must be improved. Fire doors must always be kept shut. General maintenance issues were noted.
Stroke wards (Donald Hall and Solomon wards )	A flexible system of visiting times is operated which is beneficial to patients. Staff wear colour coded uniforms to identify their role and seniority.	The wards could be made more welcoming with better patient info. More storage is needed to declutter the environment. Ventilation is poor. Overall, the décor needs urgent attention. A number of general maintenance issues were noted.
Claude Nicol and Lawson Unit (Sexual Health and Contraception)  <i>This was a follow-up audit after an earlier audit in March 2017</i>	Both units are clean, light and welcoming. A TV screen provides useful patient info in Lawson. An induction loop and access ramps are both in place in Claude Nicol. Both units were recently decorated and modern UPVC windows and LED lighting have been installed. Patient info is good. A disabled toilet now exists in Claude Nicol.	Clinic rooms are used as storage which is poor practice. Further improvements to Claude Nicol reception are needed to improve privacy. An automatic door should be installed in Lawson. Claude Nicol noticeboard needs better patient info. Some worn furniture needs replacing and minor maintenance issues were noted across both units.

Digestive Diseases Centre and Endoscopy Unit	User-friendly signage within these units has been adopted. Disability access exists. The units are light, airy, clean and tidy. Staff roles are displayed. Patient info is good and there are clear notices encouraging the use of hand gels.	Signage to the units is poor. The units also lack welcome signs. An unused treatment room containing medical supplies was left open. Toilets need to be made dementia friendly. A number of general maintenance issues were noted.
Eye Hospital  <i>This was a follow-up audit after an earlier audit in 2014</i>	A low-level reception desk is in place for wheelchair users and disabled access is good overall. Feedback boxes are clearly displayed. Consistent signage is in use throughout. A café is in situ. The hospital is very welcoming, and chairs/seating are varied and in good repair. Good patient info.	External signs to the Eye hospital need to be improved. A toilet is doubling up as a storage area. Some aspects of privacy could be improved. Ventilation/air-con is not ideal. Some corridors are cluttered. Some areas were poorly lit and minor maintenance issues were noted.
Respiratory (Catherine James, Overton and Egremont wards)	A calm, quiet and relaxed environment for patients is provided.	Poor signage to fire exits/routes. Rooms containing medical supplies were unlocked. Storage facilities need improving. Urgent maintenance and some cleaning issues were noted.
Main Accident and & Emergency department  <i>This was a follow-up audit after an earlier audit in 2016</i>	A wide range of patient info is available on well designed notice boards. New style signage has recently been adopted which is clear and informative. There is an excellent variety of quality seating in the Ambulatory Care Unit. The overall environment is good.	Flooring needs to be replaced. A TV providing info on wait times needs fixing. Better info on staff roles would be useful for patients. Feedback boxes need to be more prominently displayed. Better signage at the entrance and reception is needed.
Royal Alexandra Children's Accident and & Emergency department	Ample toys are available. A TV screen shows child-friendly programmes. Privacy screens are in use. There is an informative notice board, and a wide range of patient info is available. Good signage exists throughout. A patient feedback box was clearly available.	Some patient info was out of date. Flooring in reception needs replacing. The linen storage room needs improving to make this more hygienic. Some maintenance and cleaning issues were noted.

## 8. Case study: positive change at the Claude Nicol and Lawson Units delivered through Healthwatch environmental visits

On the 29 March 2017, our volunteers visited the two sexual health clinics based in the General Outpatients' building of the RSCH and were extremely concerned by the state of the building, its fabric and the potential impact on privacy and dignity for patients and staff. The issues identified by Healthwatch were considered to be serious, and these were subsequently reported to the Managing Director of the Trust.

In September 2017, Healthwatch returned to re-audit both clinics and assess what actions the Trust had taken to rectify the earlier issues. Healthwatch was pleased to see the large number of improvements that the Trust had made to both clinics in the five months since its last visit in March. Healthwatch applauds the Trust for taking such rapid action to improve these clinical environments; which are now judged to be safer, cleaner, and which also provide more professional and welcoming spaces for patients. A summary of how some of the main concerns identified by Healthwatch have been addressed by the Trust are given in Table G below.

**Table G: How the Trust responded to issues raised by Healthwatch**

March 2017 audit – issues identified by Healthwatch	September 2017 audit – improvements noted since the March audit
In the Claud Nicole Unit, patients had to sit in open cubicles in reception making it difficult or impossible for confidentiality to be maintained.	The reception layout has been improved but more could be done to guarantee privacy, especially at busy times.
Healthwatch volunteers were told that in a row of examining rooms, conversations could be heard through the prefabricated walls.	Staff advised that low radio noise now cancels this out to some extent.
In the summer when windows need to be opened, conversations could be overheard.	Air con has now been installed and windows are only opened in order to air rooms, and never whilst consultations are taking place.
Examination rooms were cluttered, in need of decoration and furniture needed replacing.	Rooms have all been redecorated and feel cleaner, airier and less stuffy.
The room containing medications was not locked because it doubled up as an examination room.	The room still doubles as a clinic and storage room. The clinic continues to lack dedicated storage space due to the overall design however it is not clear whether anything can be done to rectify this.
Throughout both buildings, water had penetrated from the roof staining the ceilings, and some ceiling tiles had come loose.	Volunteers were advised that parts of the roof had been fixed and staff indicated that water leakage had stopped.
The flooring and skirting boards were described as being stained and worn in places.	White block has been installed into a linking corridor, replacing dirty and worn ceramic tiles.

Some of the original windows were old, rotten and leaked.	All windows have been replaced with new UPVC.
The walls and woodwork in many areas were chipped, with holes in some walls from where old sanitisers had been removed.	Holes have been filled, and redecorated.
Furniture was in poor condition.	Reception held a large number of chairs all with wipeable covers and these were in good condition. A larger, specialised chair for those with a disability was also provided.
There is no accessible toilet for bariatric patients in wheelchairs or access to treatment rooms.	A new disabled toilet now exists.
The outside of the building was in poor repair and the parking bays were too small, making it difficult for a disabled person to get out of their vehicle.	The parking bays have been improved. Whilst the number of spaces has been reduced from 3 to 2, those now in use were much larger meaning that disabled patients would be able to manoeuvre in and out of them with greater ease.

## Annex A – Dates and locations of Healthwatch visits

Date	Location
April 2017	A visit was not undertaken this month. Healthwatch volunteers assisted with a mock CQC inspection at the RSCH.
Thursday 4 May 2017	<b>Newhaven Day Hospital</b>  The Newhaven ward is a "step-down" ward of BSUH, which only takes patients from the Royal Sussex (mostly Bailey ward) or Princess Royal Haywards Heath (e.g. Twineham and Newick wards) who have a Discharge Plan, and who are not generally expected to need significant additional care following time in the main hospital. It is not a rehabilitation ward, and patients only stay in the ward for an average of 6 days. The ward opened in January 2016 in premises previously occupied by the Newhaven Community ward.
Tuesday 6 June 2017	<b>Paediatrics, Royal Alexandra Children's Hospital</b> <ul style="list-style-type: none"> <li>Orthodontics and Dentistry, Surgical ward, Paediatric Intensive Care, Respiratory Clinic, Education Department</li> </ul> <b>Main X-Ray, MRI and CT.</b> Level 5 Main hospital block
Wednesday 5 July 2017	<b>Early Pregnancy Unit and Day Assessment Unit (maternity)</b> <ul style="list-style-type: none"> <li>Level 11 Thomas Kemp Tower: services included ante-natal clinic, day assessment unit and a gynaecological ward</li> <li>Level 12 Thomas Kemp Tower: services post-natal and ante-natal inpatient wards</li> </ul>
Thursday 3 August 2017	<b>Stroke wards</b> 3rd floor of the Barry Building: <ul style="list-style-type: none"> <li>Solomon ward</li> <li>Donald Hall ward</li> </ul>
Tuesday 4 September 2017	<b>Claude Nicol and Lawson Unit (Sexual Health and Contraception services)</b> Located in the General Outpatients' Building, Eastern Road
Wednesday 4 October 2017	<b>Digestive Diseases Centre and Endoscopy Unit</b> Millennium Wing and Thomas Kemp Tower <ul style="list-style-type: none"> <li>Digestive Diseases Centre, Millennium Wing Level 9. A combined Medical and Surgical ward for patients with gastrointestinal conditions.</li> <li>The Endoscopy Unit and the Digestive Diseases Outpatient Clinic in the Thomas Kemp Tower Level 9</li> </ul>



Thursday 2 November 2017	<b>Eye Hospital</b> Accessed via Eastern Road and Sudeley Terrace <ul style="list-style-type: none"> <li>• Orthoptics department, Eye Hospital Outpatients and Accident and Emergency Departments.</li> </ul>
Tuesday 5 December 2017	A visit was not undertaken this month
Wednesday 10 January 2018	<b>Respiratory wards</b> 2nd floor, Barry Building <ul style="list-style-type: none"> <li>• Catherine James ward</li> <li>• Egremont ward</li> <li>• Overton ward</li> </ul>
Thursday 8 February 2018	<b>Main Accident and &amp; Emergency department</b> <b>Level 5, Thomas Kemp Tower</b> <ul style="list-style-type: none"> <li>• Urgent Care Unit, Majors Unit, and Ambulatory Care Unit</li> </ul>
Thursday 8 March 2018	<b>Royal Alexandra Children's Accident and &amp; Emergency department</b> Level 6, Thomas Kemp Tower
April 2018	No visit undertaken

## **Annex B – Patient-Led Assessment of the Care Environment (PLACE)**

Healthwatch monthly audits are an extension of the 'Patient Led Assessment of the Care Environment' or PLACE. PLACE is delivered by NHS Improvement (NHSi) which is an NHS organisation responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

PLACE provides a framework for assessing what good quality environments look like. To do this common guidelines and standards have been created in order to assess an environment's:

- cleanliness
- food and hydration provision
- the extent to which the provision of care with privacy and dignity is supported
- whether the premises are equipped to meet the needs of people with dementia or with a disability.

PLACE assessments involve local people (known as Patient Assessors) going into hospitals as part of a team, alongside staff. Patient assessors make up at least 50 per cent of the team. Each year, Healthwatch volunteers make up an invaluable part of this team.<sup>5</sup>

PLACE assessments appraise the non-clinical aspects of NHS healthcare setting i.e. they do not include audits of operating theatres or any other space where medical procedures are carried out.

### **Results from the 2017 PLACE visit**

The results from the 2017 Patient-Led Assessments of the Care Environment (PLACE) Programme were published on 15 August last year<sup>6</sup>. Hospitals within the Brighton Sussex University Hospitals Trust (BSUH), which includes the Royal Sussex County, were compared against nine other Trusts in the south and against national averages. In summary, the 2017 scores were generally good news. There were sizeable improvements in the scores for 'Dementia', 'Disability' and 'Food and Hydration' compared to 2016, and BSUH scored higher than the national average in 'Cleanliness' and 'Food and Hydration'. However, the score for 'Privacy, Dignity and Wellbeing' continued to worsen and has been declining since 2013 (see Annex B for the data).

---

<sup>5</sup> In 2018, Healthwatch will be supporting PLACE visits to the RSCH and also Mill View hospital, part of the Sussex Partnership Foundation Trust. The Mill View hospital provides care for people with mental health problems and learning disabilities

<sup>6</sup> <http://digital.nhs.uk/catalogue/PUB30055>

Despite some good scores, BSUH is still behind other Trusts in the South in some areas, and also below national averages in four areas. But it is also important to acknowledge the improvements in many areas and the overall upward trend in scores since 2013, which is testimony to the hard work and effort of staff at our local hospitals.

#### **BSUH compared to 9 other Trusts in the South (2017):**

- BSUH scored 2<sup>nd</sup> (out of 9) in four of the eight areas assessed under PLACE ('cleanliness', 'food & hydration', 'organic food?' and 'ward')
- BSUH scored 5<sup>th</sup> (out of 9) in two of the eight areas assessed ('dementia' and 'disability')
- BSUH scored 8<sup>th</sup> (out of 9) in both 'Privacy, Dignity and Wellbeing' and 'Condition, Appearance and Maintenance' (The Royal Sussex County Hospital 3 Ts redevelopment will help to improve this score in the future).

#### **BSUH compared to National averages (2017)**

- BSUH was lower than the national average in four areas: 'Privacy, Dignity and Wellbeing', 'Condition, Appearance and Maintenance', 'Dementia' and 'Disability'. However, the scores for these latter two areas improved by 17.5% and 14% respectively on 2016.
- BSUH scored higher than the national average in 'Cleanliness' and 'Food and Hydration'.

#### **BSUH PLACE scores since 2013**

- The score for 'Privacy, Dignity and Wellbeing' dropped slightly on 2016 and has dropped every year since 2013 which is of concern.
- The scores for all the remaining areas increased from 2016 and have also been showing an upwards trend overall, indicating improvement year-on-year.

	Cleanliness %	Food and hydration %	Privacy, Dignity and Wellbeing %	Condition, Appearance and Maintenance %	Dementia %	Disability %
2013	97	84	87	81	Not measured	
2014	98	96	84	87		
2015	99	96	80	77	58	-
2016	99	86	76	84	55	67
2017	99	95	73	91	73	81

\* All numbers have been rounded up to the nearest whole number

**Annex C – NHS 15-step challenge scores per ward/department: summary**

Date of visit	Ward or department	NHS 15 step challenge scores			
		Welcoming	Safe	Caring	Organised
5.4.17	No visit				
4.5.17	Newhaven ward	Healthwatch did not use the 15-step challenge at this time so scores are not available			
6.6.17	Level 5 (x-ray, MRI, CT Scan)				
6.6.17	Royal Alex Children's Hospital				
7.7.17	Maternity and Gynaecology				
3.8.17	Stroke Donald Hall & Solomon	5	8	Healthwatch did not use the 15-step challenge to record scores under 'Caring' at this time	7
4.9.17	Lawson Unit	8	8		9
4.9.17	Claude Nicol	5	8		9
4.10.17	Digestive diseases Centre ward	6	9		9
4.10.17	Digestive Diseases Outpatients	6	7		9
2.11.17	Eye hospital	9	9	7	9
5.12.17	No visit				
10.1.18	Respiratory	7	6	8	6
8.2.18	A&E (Acute and Majors)	8	7	8	8
8.3.18	A&E Royal Alexandra	9	8	9	9

**Healthwatch Brighton and Hove Address:**

Healthwatch Brighton and Hove  
Community Base  
113 Queens Road,  
Brighton  
BN1 3XG

**Phone:** 01273 234040

**Email:** [office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)

**Website:** [www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)

Share your experiences with health and social care services via our online feedback centre on [www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)

**BRIGHTON**  
**PULSE** 



## Item 10 a

### Joint Sussex HOSC Working Group: BSUH – Briefing Note

Wednesday 04 April 2018

#### Attending:

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

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

#### Apologies:

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

### **1 Notes of the last meeting 04.10.17**

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

### **2 Update on quality**

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

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

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

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

2.1.2 The E29 target is about patients entering the stroke unit, not entering the hospital. It does not mean that patients are being delayed in ambulances; in fact, the ambulance side of stroke services is working well with timely

thrombolysis being consistently delivered to those patients who need it. Patients are being brought to hospital as they should be, but may then be being treated in a clinically appropriate environment such as A&E because there is no space in the stroke unit.

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

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

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

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

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

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

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

2.3.1 NR informed members that BSUH is in the top quartile for planned nursing staff levels. RSCH has a nurse to patient ratio of 1:7 which is much better than the national average. The trust measures its staffing against this planned



ratio, and has managed to maintain the ratio with relatively little recourse to agency staff. The trust seeks to ensure that there is always sufficient staffing on wards, although sometimes this may mean using Healthcare Assistants when Registered Nurses (RN) are unavailable.

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

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

## **2.4 Target S18: Full compliance with WHO Surgical Safety Checklist**

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

## **2.5 Target S11: VTE Assessment Compliance**

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

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

## **3 Update on performance**

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

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

### **3.1 3Ts**

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

### **3.2 A&E Redevelopment**

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

### **3.3 Target 033: Delayed Transfers of Care (DToCs)**

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

## **4 Winter pressures**

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

## **5 Staff survey**

5.1 PL informed members that the response rate to the staff survey has increased markedly since last year: from 39% to over 50%. This is good news, as it means that the survey data is really robust and is also indicative of a high level of staff engagement.

5.2 Overall, survey results are similar to last year. BSUH has focused on making improvements in a few key areas, such as care (i.e. would respondents recommend the trust as somewhere to receive care), and there are positive signs here.

5.3 Bullying & harassment is a high scorer on the survey, and this reflects a national problem which has no easy solution. The trust has invested in training staff to deal with difficult or distressed customers, but more needs to be done here. This is definitely not just a local problem: other local trusts report similar levels of bullying & harassment by patients and their families. Trusts may need to do more to manage client anxiety – for example by considering allowing vaping in designated areas.

5.4 Staff on staff bullying also appears as an issue in the staff survey. The trust is investigating this, with a focus both on discrimination and on perceptions of discrimination.

5.5 It is disappointing that the survey shows that communication between managers and staff remains poor. The trust has worked hard in this area, but more needs to be done to get messages fully disseminated. BSUH is running a series of staff conferences this summer and has also instituted staff awards.

## **6 Other Issues**

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

## **7 Date and focus of next meeting**

- 7.1 TBC by email



## Item 10b

### **SECamb Regional HOSC Sub-Group Meeting – Monday 19 March 2018**

#### **Members in attendance**

Bryan Turner, West Sussex County Council

#### **Officers in attendance**

Lizzy Adam, Kent County Council

Andrew Baird, Surrey County Council

Helena Cox, West Sussex County Council

Steve Emerton, Executive Director for  
Strategy and Business Development,  
SECamb

Nuala Friedman, Brighton and Hove City  
Council

Claire Lee, East Sussex County Council

Daren Mochrie, Chief Executive, SECamb

#### **Apologies for Absence**

Apologies were received from Cllr Ken Norman (Brighton & Hove City Council), Cllr Colin Belsey (East Sussex County Council), Cllr Ruth O'Keeffe (East Sussex County Council), Cllr Sue Chandler (Kent County Council), Cllr Mike Angell (Kent County Council), Cllr Wendy Purdy (Medway Council), Cllr David Royle (Medway Council), Cllr Sinead Mooney (Surrey County Council), Cllr David Mansfield (Surrey County Council), Dr James Walsh (West Sussex County Council)

#### **SECAMB Update**

1. The Chief Executive of South East Coast Ambulance Service (SECamb), Daren Mochrie, introduced Members to Steve Emerton who had assumed the role of Executive Director for Strategy and Business Development in January 2018. Mr Turner also heard that a new HR Director had also been appointed and that they had started in this role at the beginning of March. Mr Mochrie highlighted that he had instigated a revamp of SECamb's Senior Leadership following his appointment as Chief Executive in May 2017 but that a full and stable top team was now in place.

#### **Performance and Clinical Outcomes**

1. Discussions took place regarding the introduction of the Ambulance Response Programme (ARP) which had revised national standards for Ambulance Services to respond to the different types of incidents that they are called out to. SECamb was the last Ambulance Service in England to move from the previous standards framework to the new ARP. Mr Turner heard that the new targets placed an emphasis on ensuring that the most appropriate resource was despatched to patients to meet their needs which required more detailed triaging over the phone. Mr Mochrie assured those present that the new set of questions adopted by the Trust to facilitate this would not result in delays dispatching ambulances to those in need of urgent attention as the questions had been specifically designed to identify those who required an ambulance immediately.
2. Mr Turner heard that the ARP had divided calls into four categories depending on the severity of patients' symptoms. Each of the categories had a specific target attached to it against which the performance of SECamb would be measured. Mr Mochrie stated that all Ambulance Trusts in England were having difficulty in delivering against the new standards outlined within the ARP framework due to the way in which resources and fleets were configured. The previous targets assessed Trusts against their ability to get a first responder on scene whereas the ARP placed a premium on getting the appropriate resource for the emergency.
3. Discussions turned to SECamb's See & Treat and Hear & Treat models in respect of dealing with those assessed as Category 3 or 4 calls. Those present at the meeting enquired as to whether the Trust monitored the number of callbacks received from patients who had been treated under one of these models to provide a better understanding of the extent to which they were effective. The Executive Director of Strategy and Business Development highlighted that individuals seeking to follow up advice once their condition had been treated was not an issue unique to SECamb but that it did present some challenges to the Emergency Operations Centre (EOC) as it can result in call handlers being tied up talking to people who have already been seen by a paramedic. Mr Emerton advised Members that he didn't have information to hand on the number of callbacks from patients who had already received advice from staff over the phone or who had been discharged by paramedics at the scene but that he would find this information and report back to the Sub-Group.
4. Mr Mochrie addressed concerns raised regarding SECamb's response to Category 3 calls. Specifically, Members referenced anecdotal evidence regarding delays in responding to falls meaning that, in some cases, elderly people were having to wait for several hours for a paramedic to arrive and assist them in getting back up. Officers acknowledged that there were challenges for the Trust in achieving mandated response times for Categories 3 and 4. In order to mitigate these challenges, SECamb was holding a meeting with its commissioners to explore avenues for improving the speed with which it responds to Category 3 & 4 calls. Mr Mochrie cited evidence that fall buttons distributed by social care providers are defaulting directly to the Ambulance Service instead of alerting social care staff. He suggested that this was not a good use of paramedics' time when it can be dealt with just as effectively by community services. Indeed a number of residential/ nursing homes have adopted a 'No Lift' policy which inevitably resulted in delays in elderly people being picked up. This can have a detrimental impact on those who have taken a fall as it can lead to them climbing the acuity scale which increases the potential

that they will need to be taken to a hospital. This issue was being considered by SECamb as part of its Demand and Capacity Review.

5. Clarity was sought from Members regarding a woman in labour being placed in Category 3 of the ARP framework and whether this had posed any problems for the Trust given the challenges it had meeting target response times in this Category. Mr Emerton stated that how Ambulance Trusts respond to a woman in labour is a high priority matter and something that SECamb ensures it remains alert to. He informed Mr Turner that no complaints or concerns had been raised that he was aware of but would check. Members were further advised of the importance of ensuring that the Trust was the right size and had the correct resources to cover the Trust's geographical area. Evidence from other emergency services demonstrated that once SECamb had achieved this, delivering on the ARP framework response times would follow.
6. Those present at the meeting inquired about how SECamb reduced instances of multiple vehicles attending a single incident so as to avoid duplication of work and ensure paramedics were deployed appropriately. Mr Mochrie gave assurances that multiple vehicles were only dispatched to incidents where it was necessary such as emergencies when there was more than one individual that required care.
7. Members asked to see a breakdown of call response time by the local authority and Mr Mochrie confirmed that he would circulate this to Sub-Group Members following the meeting.
8. Mr Mochrie advised Members that SECamb was finding it challenging to employ call handlers which had an impact on call pick-up times. Members heard that employing call handlers was a difficulty for Ambulance Trusts in England and is a challenge in the context of high employment in Crawley. That being said a more attractive and incentivised offer is being developed to build recruitment numbers and retention. Mr Turner asked whether any specific steps had been taken to employ people with disabilities to staff the EOC. Officers indicated that they were unaware as to whether specific steps had been taken to advertise vacancies to those with disabilities and so would consider it in more detail.
9. Attention was drawn to the review of Stroke Services that was being undertaken within the Kent and Medway area. Specifically, it was stated that proposals put forward by commissioners would create a shortage of provision within the East Thanet area and officers were asked if they were confident that SECamb could convey patients in East Thanet to a Hyper Acute Stroke Unit (HASU) within the timeframe for treatment. Mr Mochrie confirmed that SECamb had been engaged in discussions around the proposals for the location stroke services in Kent and had undertaken modelling in line with these to understand what resources would be necessary to meet the 60-minute target for patients across the entirety of the Kent and Medway area. Mr Mochrie stressed that so long as SECamb is engaged in discussions early around the provision of acute services then it can flex its operational capacity to respond to the new model such as had happened during the recent review of Stroke provision which had taken place in West Sussex. Mr Turner was further informed that it was much better for patients who had experienced a stroke to be conveyed to a specialist centre where they would receive the best treatment to limit the long terms impact on those who suffer a stroke. Much of the

concern from residents around the location of HASUs in Kent and Medway had been centred on the amount of time it would take patients' families to visit them in hospital rather than on improving outcomes for those who had suffered a stroke.

10. Officers were asked whether data was available on how SECamb was delivering against stroke response times across its patch since joining the ARP response framework. Mr Emerton stated that performance and clinical outcome data is available and reported to the Trust Board on a monthly basis. Data relating to outcomes is not current / contemporary given the need for Benchmarking to take place on a National basis with other Ambulance Trusts.

### **CQC Progress & Delivery Plan Update**

1. Mr Mochrie stated that he expected the Care Quality Commission (CQC) to re-inspect SECamb in summer 2018 but highlighted that the regulator had undertaken an ongoing engagement with the Trust conducting deep dives into specific areas of concern that had been identified by inspectors. This included issues such as medicines management which had been flagged as a problem by the CQC Inspection Report. The CEX stated that the Trust was achieving pace, grip and purpose in meetings the Delivery Plan agreed following the CQC Inspection in May 2017.
2. Further clarity was sought on how actions outlined in the Delivery Plan were being taken forward. Those present at the meeting heard that there was a range of workstreams designed to deliver sustained improvement in the performance of the Trust with a specific focus on the quality and compliance issues which had been highlighted in the Inspection Report. Mr Emerton advised that he would share the detail that sits underneath the Delivery Plan to provide Mr Turner with clarity on the specific steps being taken to achieve sustained improvement. He also drew attention to work that was being conducted by officers to move workstreams from a project setting into business as usual for the Service once the objectives of these specific projects had been achieved.

### **Surge Management Plan Update**

1. The Executive Director of Strategy and Business Development stated that he would share the latest iteration of the Surge Management Plan with the Sub-Group for reference. He informed Members that the Operational Delivery Team had been devising a Surge Management Policy for the Trust with a view to bringing the surge management response forward. Experience had shown that the earlier a surge management response was introduced the easier it was for Ambulance Services to step down from this state. The Policy was being developed in conjunction with stakeholders and commissioners while Acute Trusts were also being contacted to inform them of the introduction of the new Surge Management Plan being adopted. Officers stressed the Plan had been subject to a great deal of scrutiny by partners across the healthcare system within SECamb's footprint prior to its introduction on 21 March 2018. The Committee also heard that the introduction of a new Surge Management Policy also held the opportunity for learning across the system specifically around the conditions that create additional demand for the Ambulance Service. Mr Emerton also highlighted the potential for considering a coordinated



community response to cover the Service when it has been necessary to introduce the Surge Management Plan.

2. Mr Turner heard about intelligent conveyancing, whereby patients are transported to the location that will provide them with the best care for their condition although it was highlighted that this is contingent on there being a degree of capacity within the system.
3. Discussions turned to the impact of delays in handing patients over from the care of SECamb paramedics to hospital staff which can be hugely disruptive in enabling SECamb to deliver against mandated response times. In some cases, ambulance crews have to wait at hospitals for several hours before they can hand over a patient meaning there are fewer ambulances able to respond to emergencies. Mr Mochrie also emphasised the impact that long handover delays had on staff. In some cases, it meant that ambulance crews were being forced to work overtime while the impact of having fewer ambulances available to respond to incidents resulted in other crews not being able to take scheduled breaks all of which had a detrimental impact on morale. Members were informed that it was vital for hospitals to redesign their pathways to ensure that ambulance handovers are done more quickly. Members enquired about handovers at Brighton and Sussex University Hospitals NHS Trust (BSUH). Mr Turner was advised that a new pathway for handing over patients had been introduced by BSUH which had reduced the length of time it took to transfer patients from the care of paramedics to the care of the clinical staff at these hospitals. Members asked to receive a breakdown of figures on handover times by hospital. Officers confirmed that they were happy to supply this information with the caveat that the data they could provide would only be a snapshot of a specific point in time rather than providing indicative information on how individual acute trusts were performing.

### **Quality Account**

1. Mr Turner received an update from the Executive Director of Strategy and Business Development on progress being made in compiling SECamb's Quality Account for 2018/19 which included providing an outline of the specific aspects and areas that would be covered by the Account.
2. Members asked whether the Trust had addressed the problems with its complaints had been improved. Officers confirmed that the backlog of complaints had been dramatically reduced although advised that work was required to understand what the Trust then did with those complaints, how it identified themes and then embedded learning arising from this. The Trust also actively sought compliments from patients which provided an opportunity to convey good news to the Trust Board.
3. Mr Emerton stated that a significant improvement had been achieved in safeguarding referrals originating from ambulance crews. This would be further reinforced through the implementation of a quality improvement methodology which instituted a learning culture in respect of safeguarding referrals and other matters of quality.

### **Demand & Capacity Review Update**

1. Officers provided an update on work being undertaken to determine the optimum operational model for SECamb to deliver against the targets framework contained within the ARP. Members heard that the Trust had engaged the services of a company called ORH who worked with emergency services organisations globally to

assist them in modelling the type and level of resource required to deliver against projected demand. SECamb was looking at two specific models of delivery, a paramedic-led model and a mixed-economy model, each of which would require different levels and types of resource to deliver. The Trust was working in conjunction with Commissioners and ORH to provide clarity on what resources would be required in order to deliver these separate configurations. These findings would be used in discussion with commissioners about how the Trust manages clinical risk, deploys its assets appropriately and whether current resources are enough to meet ongoing and future demand. Mr Emerton provided further detail on specific considerations upon which SECamb was basing discussions with commissioners which included looking at the number of crewed ambulances that were required at different times of the day in order to deliver on ARP targets. The Committee heard that the Demand and Capacity Review should not assume that future improvement in hospital handovers as it could not be guaranteed that this would happen. Based on the modelling conducted there is a significant resource (personnel and vehicles and associated cost) required to deliver on ARP targets.

2. Clarity was sought from officers on when they anticipated SECamb would be performing in line with the ARP targets. Mr Turner was informed that the Trust aimed to be compliant with these by 2021 although NHS Improvement had indicated that they would like SECamb to be delivering in line with the ARP earlier than that. Officers were advised that SECamb not delivering against national performance targets for three years would be a difficult message for politicians and the public to hear and suggested that some consideration be given around how this was explained. Mr Emerton highlighted the need to manage residual risk given that on an improving trajectory there would still be a period when ARP targets would not be fully met. .

## **Culture & Organisational Development**

1. Mr Mochrie informed stated that the results of an annual national survey of Ambulance Trust staff had recently been published. He acknowledged that the results of the survey did not compare favourably with those of other Ambulance Trusts in England and that there was a significant amount still to do in order to improve staff morale. The response rate was, however, higher than the previous years' survey which was viewed positively.
2. Mr Turner was advised of a number of steps being undertaken by the Trust in order to improve morale among staff. This included improving the visibility of the Senior Management Team, introducing new HR policies as well as health and wellbeing hubs. A new HR Director had recently started which would allow more rapid transformation of the culture within SECamb.
3. Concern was expressed concern regarding a purported increase in physical violence between members of staff and suggested that this shouldn't be happening at all let alone increasing. Mr Mochrie indicated that he had not heard of any instances of staff being violent towards colleagues and suggested that this metric might have been mislabelled and stated that he would confirm this with relevant officers and let the Sub-Group know.

## **Any other Business**

1. Discussions turned to the need for a Regional HOSC Sub-Group to monitor the performance of SECamb given that Members were finding it difficult to attend meetings. It was proposed that the Sub-Group be disbanded and that individual HOSCs conduct their own scrutiny of the Trust. Mr Mochrie stated that it might be a challenge for him to attend every HOSC and asked whether it would be possible to delegate responsibility for attending these meetings to a member of the Executive Team in instances where he was unable to make it. Mr Turner confirmed that he was content with this arrangement but suggested that locality representatives also attend to provide the specific picture for performance within the relevant local authority area. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECamb would be asked to attend specific select committee meetings.

## **Actions**

- i. The Sub-Group to receive data on the number of call backs received by SECamb from patients who had already been given advice from staff over the phone or who had been discharged by paramedics at the scene.
- ii. The Sub-Group to be sent the detail that sits underneath the Delivery Plan to provide clarity on the specific steps being taken to achieve sustained improvement.
- iii. SECamb officers to share the latest iteration of the Surge Management Plan with the Sub-Group.
- iv. Members to receive a breakdown of handover times by hospital within the area covered by SECamb.
- v. The Sub-Group to receive clarity on the metric which suggested that instances of staff being violent towards colleagues was on the rise had been mislabelled.
- vi. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECamb would be asked to attend specific select committee meetings.



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

1 May 2018, 11am, Swandean HQ

#### Note of the meeting

#### In attendance

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

#### 1. Apologies for absence

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

#### 2. Minutes of the previous meeting

2.2. The Minutes of the previous meeting were agreed.

#### 3. Serious Incidents

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

3.2 DH explained that during 2016 (which is the year from which the league table was compiled) there was a very different clinical governance regime in place at SPFT that involved over-reporting SIs. Since then, a lot of work has been done with the Clinical Commissioning Groups (CCGs), Care Quality Commission (CQC) and other external organisations to establish an SI policy that sets appropriate criteria for what should constitute an SI. This has resulted in a 50% reduction in reported SIs from 24 in January 2016 to 11 in January 2017 (and 11 again in January 2018). At the same time, deaths whilst in the trust's care have fallen from 10 during March 2016 to 3 in March 2018, compared to a national average of 8. The CQC has also reported that the quality of care has improved.

3.3 Dr Rick Fraser (RF) said that a high number of SIs did not mean a poor performing trust and can actually indicate a trust trying to learn from its mistakes. He explained that the

important thing is for a trust to calibrate its SI policy in such a way as to be able to have the capacity to learn from appropriately labelled SIs but not overwhelm staff by declaring each incident an SI – resulting in delays and a lack of time to learn from the incident.

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

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

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

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

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

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

3.10 Members RESOLVED to note the update

#### **4. Sustainability and Transformation Partnership Mental Health Programme**

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

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

4.3 BT asked whether the mental health programme requires upfront investment to be delivered and whether there is commitment from the STP or individual CCGs to that end. SF

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

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

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

### **Crisis Support Teams**

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

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

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

### **Recovery College**

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

### **Single Point of Access (SPOA)**

4.10 Cllr Sarah Osborne (SO) asked whether SPFT makes private psychotherapists or counsellors aware of mental health care pathways, as they will often refer patients in their care to A&E in lieu of apparent alternatives. NL said that it is difficult for anyone to navigate to the right services across the NHS which is why A&E is often the default choice. SPFT is creating a Single Point of Access (SPOA) for this reason – a single 'front door' telephone service for patients and clinicians to access SPFT and be referred to the correct place. NL said that SPFT had not specifically targeted private practices but would consider any suggestions about how to best target them.

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

## **Suicide prevention**

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

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

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

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

4.16 Members RESOLVED to:

- 1) request continuing updates on the implementation of the STP Mental Health programme
- 2) request figures on suicide rates (to be included in the operational pressures report)

## **5. Clinical Strategy**

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

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

5.3 Members RESOLVED to note the report.

## **6. Operational Pressures**

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



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

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

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

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

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

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

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

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

6.10 DC said that a lot of work has been undertaken over the past 3 years to transform the culture of SPFT. Research indicates that it takes 5 years to see results of these efforts

but there are signs in feedback from staff and the CQC that the positive changes are happening.

6.11 Members RESOLVED to note the report.

## **7. East and West Sussex inpatient services**

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

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

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

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

7.5 SB provided an update on the progress of inpatient service redesign in West Sussex. She explained that the proposals are being driven by a need to comply with eliminating mixed sex accommodation, maximise recruitment and retention, and allowing for a shift in focus from inpatient to community based care by developing two centres of excellence. However, there are some potential issues with travel times due to the two sites being based in the north and south of the county, respectively, making it difficult for those in the north to reach the facilities in the south and vice versa. SB said that the trust is in the pre-consultation phase and will be returning to the West Sussex HASC in November 2018.

7.6 Members RESOLVED to:

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

## **8. Mental Health Act**

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

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

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

8.4 The Members RESOLVED to note the report.



# HOSC Draft Work Plan 2018/19

Date of Meeting	Issue/Meeting Description	Reason for Item	Presenters	Notes
<b>06 June 2018</b>	HOSC/HWB HASC Performance Improvement Group	Regular Meeting	TBC	All HOSC members inc.co-optees invited. Not a meeting in public. Cat Harwood-Smith (BHCC) coordinates. Informal joint HOSC/HWB meeting to monitor HASC performance
<b>27 June 2018 HOSC MEETING</b>	Delayed Transfers of Care	HOSC member/OPC referral (Feb 18)	HASC/SCFT/BSUH/CCG	Report and presentation. Grace Hanley (BHCC) is co-ordinating report
	Development of Community Care Hub at Brighton General site	SCFT referral	SCFT (Deputy CE/Director Finance & estates)	Report and presentation. Paul Somerville (SCFT) is co-ordinating report
	STP/CaTo/Integration Update	Standing Item	CCG/HASC	Presentation/Q&A
<b>Summer 2018</b> (date TBC)	BSUH Quality & Performance Working Group	Joint Meeting with East Sussex HOSC and West Sussex HASC	Chief Nurse and Chief Operating Officer BSUH	(Cllrs K Norman, Allen, Greenbaum attending) Not a meeting in public. Ongoing informal meeting of Sussex HOSCs to monitor BSUH quality improvement and performance. Minutes published as part of HOSC papers.
<b>Summer 2018</b> (date TBC)	HOSC Chairs' Meeting with STP Chair	Regular Meeting	Bob Alexander (STP Chair)	(Cllr K Norman attending) Not a meeting in public. Sussex and East Surrey HOSC Chairs informal meeting with STP leadership
<b>Summer 2018</b> (date TBC)	Regional HOSC Chairs' Meeting	Regular Meeting	NHS England/CQC/NHS Improvement	(Cllr K Norman attending) Not a meeting in public. South East Coast HOSC Chairs' meeting with regional/national NHS leaders
<b>17 October 2018</b>	SECamb CQC Report	Joint meeting	SECamb	HOSC needs to pick up SECamb quality & performance after

# HOSC Draft Work Plan 2018/19

Date of Meeting	Issue/Meeting Description	Reason for Item	Presenters	Notes
<b>HOSC MEETING</b>	and Quality & Performance	discontinued		joint HOSC Working Group was discontinued. Report and presentation. Need to check CQC inspection report publication date
	Patient Transport Services	Ongoing Scrutiny (Feb 18 etc.) Referred from HOSC (Feb 18)	High Weald Lewes Havens/BH CCGs	Report and presentation. HOSC members requested report on final impact/lessons learnt re: Coperforma contract failure
	Clinically Effective Commissioning: Update	Ongoing Scrutiny (Sep 17/Feb 18). Originally referred by STP leadership	CCG	Report and presentation.  To cover tranche 3 decisions
	Updates from HOSC Working Groups	Standing Item	For information only	Minutes of HOSC working groups for information
	STP/CaTo/Integration Update	Standing Item	CCG/HASC	Presentation/Q&A
<b>17 October 18</b>	HOSC/HWB HASC Performance Improvement Group	Regular Meeting	TBC	All HOSC members inc.co-optees invited. Not a meeting in public. Cat Harwood-Smith (BHCC) coordinates. Informal joint HOSC/HWB meeting to monitor HASC performance
<b>Autumn 18</b> (date TBC)	SPFT Quality & Performance Working Group	Joint Meeting with East Sussex HOSC and West	SPFT Executive Leadership	(Cllr K Norman attending. Other Cllrs are welcome also) Not a meeting in public. Ongoing informal meeting of Sussex HOSCs to monitor SPFT

# HOSC Draft Work Plan 2018/19

Date of Meeting	Issue/Meeting Description	Reason for Item	Presenters	Notes
		Sussex HASC		quality improvement and performance. Minutes published as part of HOSC papers.
<b>Autumn 18</b> (date TBC)	BSUH Quality & Performance Working Group	Joint Meeting with East Sussex HOSC and West Sussex HASC	Chief Nurse and Chief Operating Officer BSUH	(Cllrs K Norman, Allen, Greenbaum attending) Not a meeting in public. Ongoing informal meeting of Sussex HOSCs to monitor BSUH quality improvement and performance. Minutes published as part of HOSC papers.
<b>Autumn 18</b> (date TBC)	HOSC Chairs' Meeting with STP Chair	Regular Meeting	Bob Alexander (STP Chair)	(Cllr K Norman attending) Not a meeting in public. Sussex and East Surrey HOSC Chairs informal meeting with STP leadership
<b>Autumn 18</b> (date TBC)	Regional HOSC Chairs' Meeting	Regular Meeting	NHS England/CQC/NHS Improvement	(Cllr K Norman attending) Not a meeting in public. South East Coast HOSC Chairs' meeting with regional NHS leaders
<b>23 January 2018</b> <b>HOSC MEETING</b>	NHS 111/Out of Hours	Ongoing Scrutiny (Sep 17/Dec 17). Originally referred by Coastal W Sussex CCG	Coastal W Sussex CCG	Report and presentation.  Colin Simmons/Dawn Furniss (Coastal) will coordinate report
	Healthwatch B&H Annual Report	Referred by Healthwatch	Healthwatch	Report and presentation.  David Liley (Healthwatch CE) will coordinate
	Updates from HOSC Working Groups	Standing Item	For information only	Minutes of HOSC working groups for information
	STP/CaTo/Integration	Standing Item	CCG/HASC	Presentation/Q&A

# HOSC Draft Work Plan 2018/19

Date of Meeting	Issue/Meeting Description	Reason for Item	Presenters	Notes
Update				
<b>06 February 2019</b>	HOSC/HWB HASC Performance Improvement Group	Regular Meeting	TBC	All HOSC members inc. co-optees invited. Not a meeting in public. Cat Harwood-Smith (BHCC) coordinates. Informal joint HOSC/HWB meeting to monitor HASC performance
<b>Spring 19</b> (date TBC)	SPFT Quality & Performance Working Group	Joint Meeting with East Sussex HOSC and West Sussex HASC	SPFT Executive Leadership	Not a meeting in public. Ongoing informal meeting of Sussex HOSCs to monitor SPFT quality improvement and performance. Minutes published as part of HOSC papers.
<b>Spring 19</b> (date TBC)	BSUH Quality & Performance Working Group	Joint Meeting with East Sussex HOSC and West Sussex HASC	Chief Nurse and Chief Operating Officer BSUH	Not a meeting in public. Ongoing informal meeting of Sussex HOSCs to monitor BSUH quality improvement and performance. Minutes published as part of HOSC papers.
<b>Spring 19</b> (date TBC)	HOSC Chairs' Meeting with STP Chair	Regular Meeting	Bob Alexander (STP Chair)	Not a meeting in public. Sussex and East Surrey HOSC Chairs informal meeting with STP leadership
<b>Spring 19</b> (date TBC)	Regional HOSC Chairs' Meeting	Regular Meeting	NHS England/CQC/NHS Improvement	Not a meeting in public. South East Coast HOSC Chairs' meeting with regional NHS leaders
<b>20 March 2019 HOSC MEETING</b>	Updates from HOSC Working Groups	Standing Item	For information only	Minutes of HOSC working groups for information
	STP/CaTo/Integration Update	Standing Item	CCG/HASC	Presentation/Q&A