Health Overview & Scrutiny Committee

Title:	**Health Overview & Scrutiny Committee**
Date:	**1 February 2017**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ**
Members:	**Councillors:** Simson (Chair), Allen, Bennett, Cattell, Deane, Knight, Marsh, Peltzer Dunn, O'Quinn and Taylor **Co-opted Members:** Zac Capewell (Youth Council), Caroline Ridley (Community Sector Representative), Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)
Contact:	**Giles Rossington** Senior Scrutiny Officer 01273 29-1038 giles.rossington@brighton-hove.gov.uk

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Democratic Services: Overview & Scrutiny Committee

	Councillor Simson Chair	Senior Scrutiny Officer	

Councillor Allen

Councillor Marsh

Councillor Cattell

Councillor O'Quinn

Councillor Bennett

Councillor Peltzer Dunn

Councillor Taylor

Councillor Deane

Councillor Knight

Officers

Officers

Officers

Public Speaker	Councillor Speaking

Public Seating

Press

AGENDA

PART ONE **Page**

47 APOLOGIES AND DECLARATIONS OF INTEREST

(a) **Declarations 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 press and 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.

48 MINUTES 1 - 10

To consider the minutes of the last meeting held on the 07 December 2016 (copy attached).

49 CHAIRS COMMUNICATIONS

50 PUBLIC INVOLVEMENT

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

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

51 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.

52 HEALTHWATCH REPORT ON SERVICE USER PERSPECTIVES OF PATIENT TRANSPORT SERVICES (PTS) **11 - 66**

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

53 PATIENT TRANSPORT (PTS): UPDATE **67 - 70**

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

54 GP SUSTAINABILITY: UPDATE **71 - 74**

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

55 MULTIPLE BIRTHS: UPDATE **75 - 82**

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

56 UPDATE ON HOSC WORKING GROUPS **83 - 102**

Verbal Update on progress of HOSC working groups on: (1) BSUH Quality Improvement; (2) SECAmb Quality Improvement; and (3) Sustainability & Transformation Plan (STP)

Attached are the Terms of Reference and notes from the initial meeting of each working group.

57 OSC DRAFT WORK PLAN/SCRUTINY UPDATE **103 - 104**

The HOSC 2016/17 workplan for information.

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.

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Date of Publication – 24 January 2017

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 7 DECEMBER 2016

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 3BQ

MINUTES

Present: Councillor Simson (Chair)

Also in attendance: Councillor Allen, Bennett, Cattell, Deane, Marsh, Peltzer Dunn, O'Quinn, Taylor and Sykes

Other Members present: Colin Vicnet (Older People's Council), Caroline Ridley (Community & Voluntary Sector), Fran McCabe (Healthwatch), Zac Capewell (Youth Council)

PART ONE

36 APOLOGIES AND DECLARATIONS OF INTEREST

(a) Declarations of Substitutes

36.1 Councillor Ollie Sykes was present in substitution for Councillor Knight.

(b) Declarations of Interest

36.2 Fran McCabe declared a personal interest in Item 45 as she is the chair of Brighton & Hove Healthwatch.

(c) Exclusion of Press and Public

36.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

36.4 **RESOLVED** - That the public rbe not excluded from any item of business on the agenda.

37 MINUTES

37.1 The minutes of the committee meetings of 19 October 2016 were agreed as an accurate record.

38 CHAIRS COMMUNICATIONS

38.1 The Chair gave the following communications:

"I would like to welcome everyone to the HOSC meeting.

I'm sure many of you will have seen that the local Sustainability & Transformation Plan (STP) has now been published. At the last HOSC meeting, members agreed to hold a special meeting to look at the STP. Instead of trying to find an additional date in December, I decided that we would use the first part of this meeting to hear about the STP.

You may also have seen news about a new working relationship between Brighton & Sussex University Hospitals Trust and Western Sussex NHS Foundation Trust. I've asked for a report on this to come to this meeting.

We've also got a presentation on progress on the 3Ts development of the Royal Sussex County Hospital; an update on performance of the residential detoxification service since it was moved to London a few months' ago; and Brighton & Hove Healthwatch will be presenting its annual report.

Finally, I'd just like to remind everyone that this is a council committee meeting. Members of the public are always very welcome to come and observe, but this is not the place for a public debate about the STP or any other issue.

We also had the first meeting of the joint HOSC working group on BSUH quality improvement this week, which I was unfortunately unable to attend. Trust representatives came to this meeting to explain what they are doing in response to the CQC inspection report and what the impact has been to date. There has been some progress, but there are still some very severe performance challenges. We are planning further meetings in the new year.

Officers are in the process of setting up meetings with Sussex Partnership NHS Foundation Trust as their latest CQC inspection report will be published soon. We are also sorting out dates for the joint HOSC working group looking at SECAmb's quality improvement plans.

Finally, we were due to visit the Royal Sussex County Hospital today. Unfortunately, due in no small part to illness, there just weren't enough members available to justify a visit. We do appreciate that hospital staff have been working hard to set this up and we will definitely find another date to do this."

39 PUBLIC INVOLVEMENT

39.1 There was a deputation from Mr Ken Kirk and Ms Madeleine Dickens:

Summary of presentation for deputation to HOSC re STP

- Too many hospital beds are unavoidably occupied by frail elderly patients for whom there is no social care provision; our social care system of privatized care homes is close to collapse. Since 2010 funding of adult social care has been cut by 12%
- The 5YFV stated the UK needs "a radical upgrade in prevention and public health"; this requirement in Stevens' document has been ignored; in fact public health expenditure has been drastically cut.
- The government ignores demands to improve social care provision, but acts on the 5YFV recommendation to produce ST Plans.
- The stated aim of STP is to integrate health and social care, motivated more by hope than any understanding of need; with no consultation of professions or public. From the extreme level of "savings" (ie cuts) outlined in both the STP and Place-Based Delivery plan we can only suspect that the real objective is to reduce budgets regardless of consequence.
- In illustration of this, the "do nothing" deficit by 2020/21 NHS England insists has to be cleared by the regional STP footprint (33) is a staggering £860 million**.**
- Two divergent figures are quoted for "savings" under "Provider Productivity" - £276 million and £340 million in "Productivity change". Whichever figure is correct, it can only mean substantial staff redundancies; down-grading of bandings and posts; de-skilling; increased voluntarism; the erosion of AFC conditions and contracts; and mass contracting out.
- Other "savings" specified in the STP report - Social care - £112million; Place-based acute care - £171million; "Prevention", a supposed cornerstone of STP - £29 million. The Place-based delivery Plan outlines specific "savings": for eg- 40% reduction in emergency admissions of people over 75; 50% reduction in "excess (hospital bed) days for those over 75" in an alternative setting. These "savings" clearly assume all the displaced masses of patients will be "diverted" to the already grossly over-burdened, in crisis social care sector in the city. How can this be given any credence? Where is the massively-increased funding to avert collapse of the social care sector with all the unimaginable consequences?
- There are concerns to be discussed in more detail, about proposed new legal entities to deliver the STP, primarily US imports – for eg Coastal West Sussex Accountable Care Organisation which will become one of the main providers of healthcare in the region.
- STP would put the final nail in the coffin of a public, nationally provided NHS, give the private sector even freer rein and consolidate a two-tier insurance-based health system. It would have an irrevocably harmful impact on the quality of health and life of city residents.
- Local Authorities round England (including close neighbours) are opposing STP. At least one LA has initiated legal action. There is growing national recognition of the core fallacy that STP is anything other than the mass divesting of responsibility by the government for a crisis-ridden NHS, the inconceivable levels of debt which have been allowed to accrue and the resulting highly destructive and unpopular decisions to be made. As the 6th richest country in the world, we can and have to afford a nationally-funded NHS.
- HOSC with its role of overseeing and scrutinising our local health services has to act urgently. We urge you as our elected representatives:
  - *As there appears to be gathering opposition to STP in the council and in local party organisations, for HOSC to recommend that the HWB and full council as a matter of urgency make a formal decision to oppose the imposition of STP locally and nationally.*
  - *To convene urgently a review panel to call witnesses to account for all aspects of the STP and the Place-based delivery Plan.*
  - *HOSC seeks urgent legal advice re the procedure for B&H Council's agreement to the STP to avoid the undeclared imposition of any NHS England decisions.*

39.2 The Chair thanked Mr Kirk and Ms Dickens for their deputation and responded:

"Thank you for taking the time to come and present this deputation. It is clearly the case that there are widespread concerns about the STP process.

The HOSC will definitely want to engage with the STP, but the principle role of scrutiny committees is to examine definite plans for service change, not to be a partner in planning and development – and currently both the STP and the place-based plan are not at this detailed stage. Sussex HOSC Chairs are working together to monitor the development of the STP and we will want to be more actively involved once detailed plans for change emerge. However, we agree that it is currently too early for formal HOSC scrutiny.

The council's decision-making bodies for health and care issues, the Health & Wellbeing Board and Policy, Resources & Growth Committee, are involved in planning for the STP and for health and social care integration, and this is where decisions about the STP will be made. I do agree that it is unclear how and when councils are to sign-off STP plans, and I have asked our lawyers to investigate this point further."

39.3 The committee agreed to note the deputation.

40 MEMBER INVOLVEMENT

40.1 There were no issues referred by members.

41 SUSTAINABILITY & TRANSFORMATION PLAN (STP): SPECIAL ITEM

41.1 This item was introduced by Adam Doyle, Accountable Officer; and by John Child, Chief Operating Officer, Brighton & Hove CCG. Mr Doyle outlined the purpose of the STP; explained that the footprint is divided into three parts, with Brighton & Hove forming part of the Central Sussex & East Surrey Alliance (CSESA) locality; and pointing out that our local integration programme, Brighton & Hove Caring Together, feeds in to locality and footprint-wide planning.

41.2 Cllr Allen commented that integration is a worthy goal, but we need to be mindful that the context is one of being required to make huge cuts locally. Given this, the deliverability of the STP has to be in doubt. Cllr Allen also questioned the Multidisciplinary Community Provider (MCP) model, querying who would run MCPs: there was public concern that these would come to be run by the corporate sector. In addition, Cllr Allen noted that the STP submission was full of jargon and NHS acronyms, making it almost unreadable; and that STP communications to date had been appalling, although the decision to publish the submission was to be applauded.

41.3 In response to a question from Cllr Allen, Mr Doyle confirmed that the current financial position (i.e. the 'do-nothing' deficit for 2021) was £865M.

41.4 In answer to a question from Cllr Allen on GP support for the STP, Mr Doyle responded that the STP has been discussed locally with GPs, although more debate is required. Some other areas within the STP are more advanced in these discussions.

41.5 In response to a query from Cllr Allen on the lack of local representation at a senior level in STP governance structures, Mr Doyle acknowledged that this is an issue and that he is working to ensure that the city is properly represented.

41.6 Cllr Sykes commented that it is clear that the STP is driven by the requirement to make savings, and it is unfortunate that this is not properly acknowledged in the Plan. The STP’s commitment to prevention and to social care is laudable, but is hard to square with recent Government cuts to public health and adult social care funding. Mr Doyle acknowledged these concerns, and the scale of the challenge locally, but noted that we have to use the resources we have in the most effective way, for example by reducing unnecessary hospital activity.

41.7 In response to Cllr Sykes criticising the language in the STP as very obscure, Mr Child told the committee that this problem was acknowledged and work was underway to produce more accessible material.

41.8 In response to a question from Cllr Sykes on the cost of the STP project, Mr Doyle responded that he did not have the figures to hand, but would circulate them after the meeting.

41.9 Cllr Marsh commented that this felt like groundhog day in terms of grand NHS plans. This is clearly a financially-driven initiative and the lack of transparency to date is worrying. Cllr Marsh also questioned whether GPs were truly ‘on board’ with the STP.

41.10 Cllr O’Quinn queried why the system had not done much more to prepare for the challenges of an ageing population that we are now facing. Cllr O’Quinn was also worried by the scale of the proposed changes, and questioned whether they were actually achievable.

41.11 Cllr Peltzer Dunn noted that the STP sounded similar to previous plans for NHS reorganisation which had not proved successful. Whilst front-line NHS staff are generally excellent, NHS systems are not.

41.12 In response to a question from Cllr Peltzer Dunn on how demand for beds can be reduced when the population is both ageing and increasing, Mr Doyle told members that demand for acute hospital services can be reduced by eliminating unnecessary hospital admissions and by moving some services (such as outpatient appointments) from an acute to a community setting.

41.13 In reply to a query from Cllr Peltzer Dunn on whether it wasn’t rather late in the day for winter planning, Mr Doyle assured members that planning has been in place for some time for this winter, and there is a good deal of work going on to plan over the longer term to better manage predictable seasonal pressures.

41.14 In response to a question from Cllr Cattell on how local estates planning fitted in with the STP, Mr Doyle responded that this would be picked up in the ongoing One Public Estate work. The ‘3T’ renovations of the Royal Sussex County Hospital are designed to be future-proofed, so will accord with any likely STP plans.

41.15 In reply to a question from Cllr Cattell on GP sustainability, Mr Doyle told members that there was a national shortage of GPs. Part of the solution to this was to look at how best to provide the required skill-mix in general practice: this may mean employing healthcare professionals other than GPs to take on some tasks traditionally undertaken by GPs.

41.16 In answer to a query from Cllr Deane as to how confident he was in the success of the STP, Mr Doyle told the committee that he was very confident that local elements of the STP plans would be delivered and would prove effective. Mr Child added that it was important to bear in mind that the local plans were not new – they have been some time in development and are tailor-made to deal with Brighton & Hove issues.

41.17 In response to a question from Colin Vincent asking to which bodies the STP was submitted, Mr Doyle confirmed that the submission was made to both NHS England and NHS Improvement. However, the submission will evolve into far more detailed implementation plans.

41.18 In answer to a question from Mr Vincent on public involvement in the STP, Mr Doyle acknowledged that there had been limited engagement on the STP itself to date, although there has been engagement on local plans. However, there will be much more engagement going forward.

41.19 In response to a question from Fran McCabe on whether the Central Sussex & East Surrey Alliance area is coherent and sustainable, Mr Doyle told members that the locality makes sense in terms of patient flows and also in terms of similar clinical approaches to the challenges we face.

41.20 In answer to a question from Zac Capewell on whether more could be done to provide emergency services in community/General Practice settings, Mr Doyle told the committee that it was important that as many people as possible received treatment in community settings. However, very sick people would still need to attend A&E in order to access specialist care.

41.20 Cllr Allen proposed an amendment to the report recommendation: that an additional recommendation be added: "That members agree to set up a working group to examine the implications of the STP for the residents of Brighton & Hove." This was seconded by Cllr Marsh and agreed by committee members.

41.21 RESOLVED – that members:

(1) Agree to note the information in the report; and
(2) agree to set up a working group to examine the implications of the STP for the residents of Brighton & Hove.

42 BSUH: NEW WORKING ARRANGEMENTS WITH WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

42.1 This report was introduced by the Senior Scrutiny Officer. Dominic Ford, Company Secretary, attended on behalf of Brighton & Sussex University Hospitals Trust (BSUH).

42.2 In response to a question from Cllr Taylor on future trust governance arrangements, Mr Ford told members that the Chair and Chief Executive of Western would also assume these responsibilities at BSUH from 01 April 2017. It seems likely that the rest of the Western executive team will also assume joint responsibilities. The composition of the rest of the BSUH board is not yet clear, particularly in terms of the roles of Non-Executive Directors (NEDs). This arrangement is for three years. The two trusts will remain as separate organisations, although the possibility of a future merger has not been ruled out.

42.3 Cllr Allen commented that it was important to state that, despite the shortcomings identified in the recent CQC report, BSUH does a great deal of tremendous work. It also needs to be recognised that the pressures at the Royal Sussex are not the same as those at Worthing or Chichester – for example the hospital's 98% occupancy rate. Mr Ford agreed that the new arrangements presented significant risks for both organisations. However, Western does have an excellent track record, particularly in terms of staff engagement.

42.4 **RESOLVED -** That members note the information in this report; and agree that the HOSC Chair should write to BSUH, Western Sussex Hospitals and NHS Improvement (NHSi) to seek assurances that the new working arrangements will ensure that BSUH continues to be focused on the needs of Brighton & Hove residents, both as a provider of district general hospital and specialist services, and to the delivery of the 3Ts programme and that these arrangements are reflected in the governance arrangements established, including the composition of the BSUH Board after 1st April 2017.

43 3TS UPDATE

43.1 This item was introduced by Duane Passman, 3T Programme Director.

43.2 Cllr Marsh congratulated Mr Passman and his team on the success of the programme to date, but wondered whether STP plans and changes to the trust's senior management might jeopardise progress. Mr Passman responded by saying that 3Ts is at the heart of STP planning. Changes in management should have no adverse impact on 3Ts as all local NHS leaders, including Marianne Griffiths, are fully signed-up to the programme.

43.3 Cllr Cattell added her congratulations, stating that the team's passion for the programme was evident to see and that she was in awe at the scale of the project. Mr Passman thanked Cllr Cattell, noting that such positive comments were really meaningful to the team.

43.4 In response to a question from Caroline Ridley on the impact of 3Ts on trust recruitment, Mr Passman told members that evidence from other trusts that had undertaken similar projects was that there was a significant improvement both to recruitment and to staff morale.

43.5 In reply to a question from Cllr Deane, Mr Passman confirmed that the 3Ts plans did not include on-site bulk catering facilities. The trust does try and buy locally where it can, and there are opportunities for local providers to be involved in the on-site cafes, but

with a limited amount of space to develop it was decided to prioritise clinical capacity over on-site catering.

43.6 Fran McCabe noted that Healthwatch has identified some remaining issues with signage and will meet with the trust to address these. Ms McCabe also asked how the 3Ts plans supported the development of outpatients (OPD) and Emergency Department (ED) facilities. Mr Passman responded that the intention is to provide more OPD services in the community in coming years, reducing the current reliance on the buildings at the Royal Sussex. Whilst the 3T programme does not include the ED department as such, it does cover several linked services on the 'emergency department' floor, delivering significantly increased capacity in these areas which will relieve some of the stress on the ED. Some of this improvement has been delivered already, with the remainder expected by 2020. The incoming trust Chief Executive brings considerable experience of running a best practice ED and will lead on future direct improvements to the ED environment at the Royal Sussex.

43.7 In response to a question from Colin Vincent on the RACOP (Rapid Access Clinic for Older People), Mr Passman confirmed that this will be retained in the redevelopment, although it will be moved from the Barry Building when this is demolished.

43.8 RESOLVED – that the report be noted.

44 TIER 4 RESIDENTIAL DETOX: UPDATE

44.1 This item was introduced by Peter Wilkinson, Acting Director of Public Health. Mr Wilkinson told the committee that commissioners were generally happy with the performance of the service since the change of provider. Good preparatory work has meant that any potential negative impacts of the move of services to London have been effectively mitigated.

44.2 In response to a question from Cllr Sykes as to why the new service has been so successful, Mr Wilkinson told members that key to this has been identifying suitable referrals.

44.3 In answer to a query from Cllr Deane on travel costs, Mr Wilkinson confirmed that assistance was available for these costs, both for service users and for their families and carers.

44.4 In response to a question from Cllr Taylor on data linking outcomes to spend, Mr Wilkinson explained to members that services commissioned by Public Health are benchmarked against similar services, and performance information is also available on the national Public Health Outcomes Framework.

44.5 RESOLVED – That the report be noted.

45 BRIGHTON & HOVE HEALTHWATCH ANNUAL REPORT 2016/17

45.1 This item was introduced by Fran McCabe, Chair of Healthwatch Brighton & Hove. Ms McCabe told members that highlights of the past year included: a successful 'enter & view' programme; effective use of volunteers in the work of Healthwatch; the

development of the 'Pulse' on-line portal; and commendations for work on Trans advocacy and on regional joint working with the Care Quality Commission.

45.2 The Chair expressed the committee's thanks to Healthwatch for all their input over the past year. The Chair also noted that information on recent Healthwatch work at the Royal Sussex County Hospital should have been included in the papers to this meeting. This had been mistakenly omitted, but would be circulated to members outside the meeting.

45.3 RESOLVED – that the report be noted.

46 HOSC DRAFT WORK PLAN/SCRUTINY UPDATE

46.1 The committee workplan was noted.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 52 Brighton & Hove City Council

Subject:		**Healthwatch Report on Service User Perspectives of Patient Transport Services (PTS)**	
Date of Meeting:		**01 February 2017**	
Report of:		**Executive Lead for Strategy, Governance & Law**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Healthwatch Brighton & Hove has recently published a report on service user perspectives of Patient Transport Services (PTS) before and since the new PTS contract began in April 2016.

1.2 Healthwatch has requested that this report be presented to the HOSC (the report is attached as **Appendix 1**).

2. RECOMMENDATIONS:

2.1 That the Healthwatch Brighton & Hove report on service user perspectives of Patient Transport Services be noted.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 See **Appendix 1**.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not applicable to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The Healthwatch report (**Appendix 1**) includes extensive engagement will local service users.

6. CONCLUSION

6.1 Members are asked to note the Healthwatch report on service user perspectives of PTS.

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 report on service user perspectives of Patient Transport Services

Documents in Members' Rooms
None

Background Documents
None

Users' perspectives on the Patient Transport Service April - September 2016

Perspectives of Renal Outpatient Department patients at the Royal Sussex County Hospital, Brighton

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1. Introduction

Early in September 2016, Healthwatch Brighton and Hove was approached by a patient who was attending the Renal Outpatient Department at the Royal Sussex County Hospital (RSCH). The patient voiced serious concerns about the Patient Transport Service (PTS) operated by Coperforma. As a result of that encounter, Healthwatch decided to undertake a review of the PTS by interviewing patients at the Renal Outpatient Department who used the service.

The Chair and Chief Executive Officer (CEO) of Healthwatch witnessed at first hand the personal distress of people waiting for two to three hours for PTS after a four hour treatment. We talked to Mrs S, a woman in her mid-70s and an amputee using a wheelchair, whose transport had been two hours late that morning. She had missed her treatment slot and had to wait for the afternoon session. When we met her after 6pm, her treatment had finished and she had already been waiting nearly three hours for transport home. No one was able to give Mrs S a time when she would be picked up. Staff commented that a driver, who had just been to the ward and taken other patients, had not taken her with him. What surprised Healthwatch was that no one - patients or staff - thought this was an unusual event: this was 'business as unusual', a daily occurrence.

Prior to September 2016 Healthwatch had already raised serious concerns about the performance of Coperforma. Earlier in the summer we had carried out an extensive service review in eight Outpatient Department (OPD) clinics at the RSCH that included the Cancer Centre and other clinics where people required patient transport. The primary purpose of that OPD review was to assist the RSCH quality improvement programme, and it had been undertaken at the request of the hospital and with the support of Brighton and Hove Clinical Commissioning Group. The OPD review involved Healthwatch interviewing 118 patients. During that review we heard stories of transport not arriving to take patients to radiotherapy, patients being unable to make contact with the Coperforma control centre to check arrangements, and people with complex needs, e.g. requiring a bariatric ambulance, having appointments repeatedly cancelled.[1] Healthwatch raised these issues at a number of forums including Brighton and Hove City Council's Health Overview and Scrutiny Committee and the Health and Wellbeing Board.

[1] Patients' Perspectives of the Royal Sussex County Hospital Outpatients' Departments, July 2016 Overview Report.For individual reports see: http://www.healthwatchbrightonandhove.co.uk/what-weve-done/healthwatch-reports/

Healthwatch is also currently committed to reviewing patient experiences of PTS across a wide range of outpatient settings as part of a cross-Sussex programme. That work has been negotiated by Healthwatch East Sussex on behalf of Healthwatch West Sussex and Healthwatch Brighton and Hove with the High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG).

The request of patients at the RSCH Renal Outpatient Department for Healthwatch to step in and listen to their concerns was compelling. We decided to use our 'Enter and View' statutory powers to gather patient experiences at the Renal Outpatient Department. We have agreed with HWLH CCG that our results and report will be part of their Patient Safety and Quality Review processes. The fieldwork and interviews took place within two weeks of the initial meeting with a patient in mid-September, with the full cooperation of senior management and ward staff at the RSCH. We extend our thanks to staff at the RSCH for supporting the project.

2. Background

Healthwatch Brighton and Hove was made aware of the initial failure of the Patient Transport Service (PTS) when it was transferred from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) to Coperforma in April 2016. In the period from April to September 2016 Healthwatch did the following:

- Gathered patient experiences of PTS through the Healthwatch Information Line.
- Helped people make complaints and provided advocacy through the Healthwatch Brighton and Hove Independent Health Complaints Advocacy Service (IHCAS).
- Shared our concerns with the Care Quality Commission (CQC), Healthwatch England and our local Brighton and Hove Clinical Commissioning Group (B&H CCG).
- Healthwatch Sussex-wide – East and West Sussex Healthwatch organisations and Healthwatch Brighton and Hove - shared concerns about the PTS with the High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG), who acted as lead commissioner for Sussex-wide PTS services.
- Healthwatch Sussex-wide offered to gather patient experiences and report those systematically to HWLH CCG.

On 8th August 2016 an independent Internal Audit Agency (TIAA) review, commissioned by HWLH CCG, was published ("Adequacy of the mobilisation arrangements for the new Patient Transport Service contract"). The comprehensive failure of the PTS in Sussex during April and early May 2016 was highlighted in this

report, and we shall not rehearse the same material again, other than to echo findings in the report that we also heard directly from patients (TIAA Executive summary section 2):

- The new service was markedly different from what had been provided before – clearly a different model of service delivery
- There seem to be underlying problems with the service beyond those of handover and set up of a new service
- There was a serious failure to have contingency plans or a clear pathway for corrective action when things went very badly wrong.

The summer of 2016 in Brighton and Hove was a challenging time for the health and social care services. Brighton and Sussex University Hospitals NHS Trust (BSUH) had an adverse CQC report and Healthwatch had provided evidence to that inspection. The Trust was subsequently placed in 'Special Measures' by the CQC. SECAmb also received a critical CQC report and was later placed in 'Special Measures'. Some GP practices were also placed in special measures, one GP practice had been closed by the CQC, and B&H CCG was rated 'Inadequate' by NHS England.[2]

Through the summer Healthwatch, Brighton and Hove City Council's Health and Wellbeing Board and local people had repeatedly received assurances from Coperforma and HWLH CCG that the PTS was recovering from the poor early start to the contract, and that performance was improving and near to target levels. The claims of improvement did not reflect continuing patient reports of poor performance:

- Individual complaints, comments and requests for advocacy support to Healthwatch continued. We also received reports of deficits in the PTS from research undertaken at the Royal Sussex County Hospital Outpatient Departments.
- The Coperforma business model seemed at risk of collapse, with sub-contractors going out of business, claims and counter claims around bills not being paid, and staff left without wages.
- Healthwatch heard numerous contradictory stories, but our own evidence from our Outpatient Department work in August had demonstrated that many patients were still being let down by Coperforma.

[2] For information about the CQC rating system see: http://www.cqc.org.uk/content/ratings

- In the light of the TIAA report, the assurances Coperforma had provided to HWLH CCG before starting the contract proved to be unreliable:
    a. Management of risks and robust contingency planning (TIAA sections 26.9-26.18, 26.21-26.23)
    b. Mobilisation readiness (TIAA 26.24-26.27)
    c. Handover readiness and mitigation actions (TIAA 27.1-27.7)

3. Methodology

Patients at the Renal Outpatient Department, Royal Sussex County Hospital, who had used the Patient Transport Service (PTS) were interviewed in September using a structured questionnaire. Patients were asked a series of questions evaluating the quality of the service across three different time periods:

- before April 2016 (pre-Coperforma)
- April to July (Coperforma)
- August and September (Coperforma)

Patients were also invited to share their personal experiences of the service.

Questions included two quantitative questions, a five point satisfaction question, and the NHS 'Friends and Family Test' (FFT) question. Other questions asked for qualitative feedback on various aspects of the service including timeliness of pickup, quality of transport provided, customer relations, communication with central office, problem resolution, handling of complaints and knowledge of staff. Patients were encouraged to talk freely about their experiences.

50 patient interviews were completed and Healthwatch Brighton and Hove's authorised Enter and View volunteers also observed patients in the waiting areas and informally discussed the PTS with patients, visitors, hospital staff and drivers.

4. Findings

Note that 50 questionnaires were completed but not all respondents answered all questions. For each question, we have indicated the number of responses received.

4.1 Overview

Patients interviewed reported that the Patient Transport Service (PTS) performed extremely poorly in the initial months (April-July 2016) when Coperforma took over the contract. Nearly all patients who used the service in this period reported

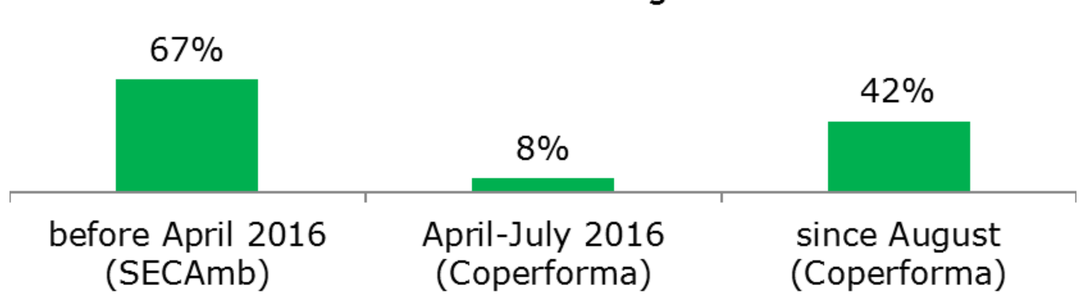
pickup failures, long delays and a poor quality service. A number of patients described the situation in this period as “chaotic”.

Patients reported some improvements in overall performance since August. Nevertheless only two thirds were satisfied and most people still noted ongoing significant issues particularly with the Saturday service. Key issues identified by patients about their current service were the following:

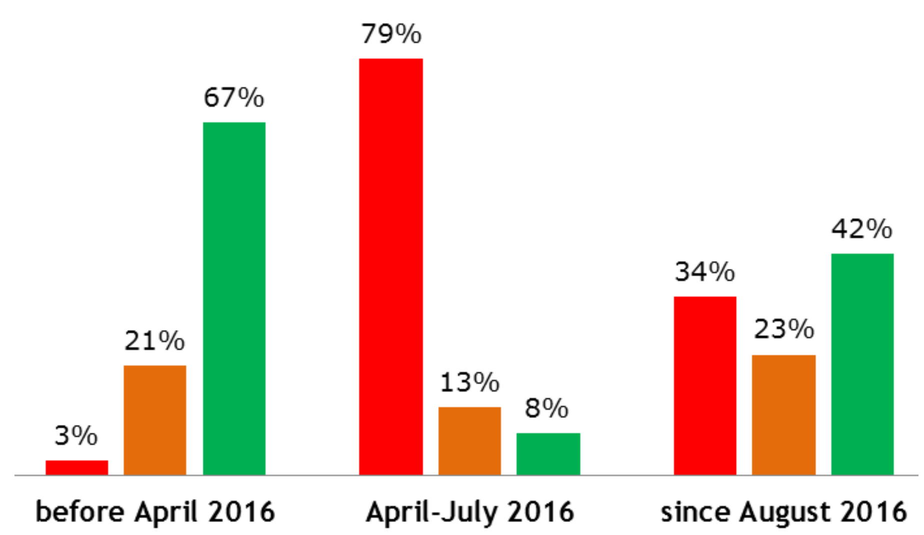
- Delays commonly experienced on Saturdays when private taxi firms were used.
- Poor customer service from some taxi drivers.
- Lack of understanding about health and care needs, and lack of empathy from some taxi drivers.
- Lack of continuity in drivers.
- Delays in services to return home.
- Difficulties in contacting the control centre to get information when problems arose.
- In sharp contrast to the above concerns the Medi4 transport service was praised for efficiency and professionalism.

Satisfaction levels during 2016 reflect this mixed pattern of performance, with 67% satisfaction before April when the contract was being delivered by South East Coast Ambulance Service NHS Foundation Trust (SECAmb). However from April until the end of July, the initial period of Coperforma delivering the service, nearly 80% of patients rated the service unsatisfactory. Satisfaction levels recovered from the very low level of 8% in this initial period to 42% in August and September 2016.

4.2 Performance and patient satisfaction over 2016



Patient satisfaction with PTS throughout 2016 n=47



(Data available from 48 of the 50 people surveyed)

4.3 Performance in April - July 2016 (Coperforma)

Patients described a transition from a generally competent service to a service that was extremely poor and unpredictable. With the transfer of the contract, patients reported a virtual collapse of the service with frequent delays, 'no shows' and very limited ability to find out what was happening when problems occurred. Furthermore, when a service was provided it was often poor. One patient reported parts of the ambulance dropping off while travelling. Others told us of inappropriate vehicles being sent (e.g. not accommodating wheelchairs) and some drivers who did not know the location of the hospital and showing little empathy or understanding of the needs of renal patients.

The service previously provided by SECAmb was not reported to be perfect but many patients praised SECAmb, particularly valuing the predictably of the service, its professionalism and the continuity of drivers. For example, a number of patients commented that SECAmb would phone the night before their appointment and advise the pickup time in advance. Patients also commented that SECAmb staff were appropriately trained and were professional and empathetic in their treatment of the patient. People told us that Coperforma provided a service that was dramatically inferior to the service previously provided by its predecessor. Comments included:

- Transport was often late or failed to arrive, without any communication from the Coperforma's control centre.

- It was routinely difficult or impossible to get through to Coperforma by telephone.
- The service provided at weekends was markedly inferior.

During the weekends, Coperforma seemed to use a completely different transport system, relying on private taxi companies, and this significantly contributed to a worsening of the service. Overall the service was widely criticised by patients. Common themes included delays and 'no shows'. Patients also reported that drivers often lacked appropriate knowledge and were unwilling to help passengers when it was needed. Some transport came from as far as Portsmouth.

"Service was awful: always late, waiting 5 hours to be picked up from home and then several hours to come home. It was so stressful and tiring. Some people missed appointments altogether. Some drivers did not know where the hospital was and had no idea about dialysis."

"Chaotic! Always late picking me up from home; often spend 4 hours waiting to go home. Several times I had to get a taxi to the hospital in the morning."

"Chaotic. Frequently waited three hours to get home in hospital waiting room."

"Dreadful service: late pickup up to 4 hours and going home could also be 4 hours. Total chaos."

4.4 Performance in August - September 2016 (Coperforma)

Most patients acknowledged an improved service since August 2016 but significant levels of dissatisfaction remained, with particular concerns about the Saturday service.

However, patients were particularly impressed with the Medi4 ambulance service, which was used by Coperforma for some weekday journeys.

"A bit better. Majority of times on time. Have been times not picked up after treatment."

"Improve markedly last few weeks. Not able to fault".

"During week OK, but Saturdays very poor. Local taxi service used at weekends, poor service. Do not come on time. Variable courtesy."

"Very poor on Saturdays, no problem on weekdays; Saturday service dreadful; frequent delays both getting there and getting home."

"Satisfactory service during week; poor service on Saturdays. Twice in last month had to wait for 4 hours to be picked up from hospital on a Saturday."

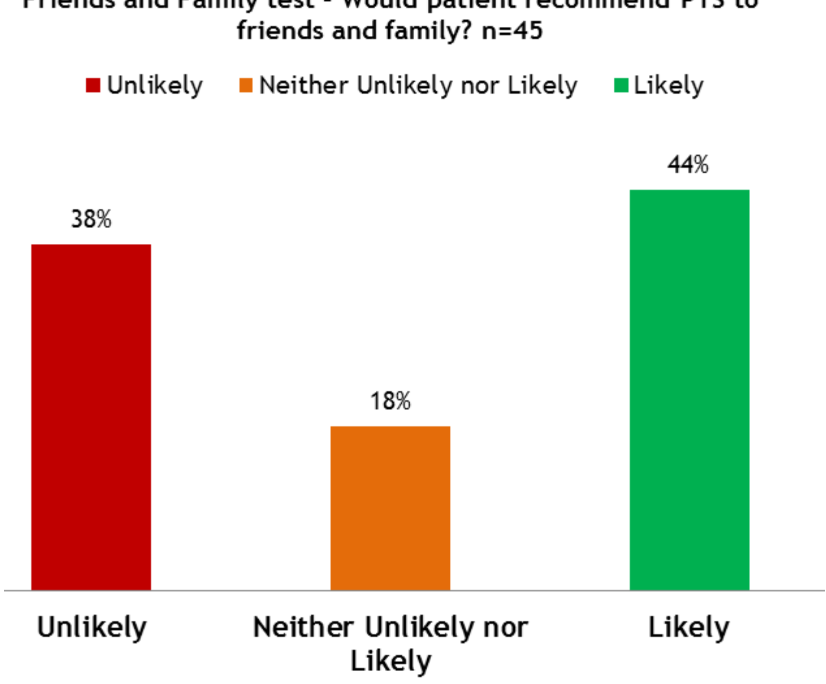
"Saturday service has been poor since April and has not improved."

"Weekdays OK, but Saturdays still very unreliable. Never know when they will arrive. Last Saturday I had to wait for 2 hours for return journey."

"Saturdays are a nightmare and I dread the day. It is so tiring waiting for transport - very stressful."

This patchy performance overall seems to be reflected in responses to the Friends and Family Test (FFT) question which asked if the patient would recommend the PTS to friends and family. The split between 'Likely' and 'Unlikely ' responses was fairly even, with 44% opting for 'Likely' and 38% 'Unlikely'.

We interpret the FFT responses, taken together with comments made by people in the survey, to reflect people being more happy with the face-to-face service they had from drivers but dissatisfied with the PTS system overall.



5. Personal impact on patients

The detailed personal accounts gathered by Healthwatch Brighton and Hove will be made available to the High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) Patient Safety and Service Quality Group. It will be a matter for HWLH CCG to determine whether patients have suffered clinical harm as a consequence of, and in addition to, the personal inconvenience of a severely disrupted service. It is not the role of Healthwatch to make clinical judgments, but it is clear that some of the people we interviewed had treatments shortened and re-arranged.

Healthwatch will also be sharing our findings in detail with the Brighton and Hove Safeguarding Adults Board to determine whether any of the patient experiences we have gathered constitute a legitimate adult safeguarding concern.

5.1 Length of time people had been attending for dialysis and using the Patient Transport Service and frequency of treatment

Patients routinely receive dialysis three times a week for a pre-arranged session, being treated on alternate days including Saturday. The Royal Sussex County Hospital provides morning, afternoon and early evening dialysis sessions.

Typically, a dialysis treatment will last four hours and if transport is provided within 1.5 hours of the treatment period, pre and post treatment, that would provide for a seven hour treatment day excluding travelling time. Even at its best, dialysis can be a tiring and physically demanding treatment. Healthwatch has no clear way of measuring the impact of long delays in addition to long treatment days, but people reported being weak, drained physically and emotionally, anxious and stressed by long waits and uncertainty.

All but one of the people we interviewed used the Patient Transport Service (PTS) for every treatment session three times a week. One person attended three times a week and used the PTS for two of these sessions, with a family member giving a lift for the third treatment session on a Saturday.

Those interviewed included patients who had only recently started their dialysis treatment and those who had been visiting the Department for several years.

Less than 6 months = 13 patients (28%)
7 months to 3 years = 14 patients (30%)
3 years or more = 19 patients (42%)

Total = 46 patients

Almost all the people answering this question (47 of 48) attended for treatment three times a week and from those, 47 out of 48 relied on the PTS for every treatment journey. Five people specified they attended on Saturdays, but this information was not systematically gathered.

5.2 How important is the PTS to people receiving their treatment?

Of those interviewed 94% described the PTS as being very important or vital to their being able to attend for treatment. No one described having any viable alternative travel options:

- 44% (21) of patients mentioned a specific health-related reason or combination of reasons preventing them from using any other form of transport. Feeling tired or weak after dialysis treatment was most frequently cited. Patients also mentioned the impact of other conditions or disabilities, e.g. not independently mobile, being treated for cancer, and being weak and frail
- 16% (8) mentioned that they were otherwise unsupported i.e. no friends, family or carer who could assist them with travel arrangements.
- 15% (7) reported that they had a long trip or lived in a very rural location, a likely reference to poor access to public transport.

5.3 Patients' comments on their experience of the PTS pre- and post-April 2016

Comments made by patients are provided in full in the table below:

No	Pre-April 2016	April - July 2016	August onwards 2016
1.	Mainly arrived on time, very good.	Complete uproar, never turned up, so 'rubbish'.	Pretty poor, late, I ring up and they don't answer. I got left behind one Saturday, someone drove me in, I get really poorly if I miss my dialysis. Saturdays are the worst, they never explain why things are not working

2.	I could phone up the night before and they were there, driver would come to the door and help me.	Noticeable difference, driver never got out of the car to see if I needed help. Always had to ring to be sure of the arrangements and find out whether a driver had been allocated.	Might be a bit better, mostly on time now.
3.	Drivers fantastic but there were difficulties with the control centre. Generally punctual could always get through to the control centre who were courteous but never offered an apology	Did not arrive or not on time, no apology or explanation given. Seemed like they were totally unaccountable. Had to 'bus it', two changes from Eastbourne.	Marked improvement in recent weeks but how the service can be viable with two crews transporting one person.
4.	No additional opinion offered.	Went downhill dramatically, never anyone on the desk in the call centre been left with the phone ringing over two hours.	A bit better ambulance during the week usually courteous – Saturdays, taxi service - variable punctuality and variable courtesy sometimes if I am slow they get fed up and drive away.
5.		Twice failed to get picked up after treatment but the hospital sorted it out. Treatment finishes 11.30am transport arrives maybe 2.00pm. I am blind and use a wheelchair. Driver does not help he just sits in the taxi and I have to ask hospital staff for help. Several times three vehicles would turn up at the same time; one for me, one for a	Has improved over the last two weeks.

		neighbour, one for both of us.	
6.		Prompt during the week, terrible problems on Saturdays - left in a wheelchair in the waiting room and cannot get to reception, waited four hours. Treatment started 7.30am got home 5.00pm	Always excuses. Coperforma rang to tell me how good they are now and were four hours late to take me to my appointment the following day. I have seen nurses give some frail patients a sandwich on Saturdays.
7.			Tuesday and Thursday always OK - Saturday 'luck of the draw'. If I complain a private taxi arrives. Saturdays have not improved since April
8.	Transport always arrived on time, you were phoned the night before and told the pick-up time. I could leave my flat and wait in the entrance hall to save the driver time.	Transport was chaotic. Week days service OK but Saturday a disaster. One Saturday in July I got home after dialysis when a taxi arrived to take me for my treatment. So they were either very late for that day or very early for the next Tuesday.	Still arriving very late for pick- ups. Two weeks ago I was in the transport going from Woodingdean to Preston Park where I live, when the ambulance was ordered back to the hospital. I was off loaded and had to wait and get a private taxi home - no explanation.

9.	Everything OK very few delays	I come from Lewes sometimes picked up very late once was forgotten and just left at the hospital.	Service is good even on a Saturday and I hope that continues
10.	On time, OK	No one came to pick me up for my evening appointments, I had to phone up and organise transport myself sometime two hours late sometimes I missed my treatment.	Regular driver comes all OK with renal trips but I also have a digestive disorder and those OP appointments the PTS is problematic.
11.		Multiple drivers arriving for the same pick up; double bookings sometimes booking was cancelled; chaotic management of appointments.	Regular driver now sometimes late but helpful and polite.
12.	Service good no delays	Disorganised and late	Service OK now
13.	Service good no delays	Disorganised and late	Service OK now
14.	Service good no delays	Disorganised and late	Service OK now
15.	Service good no delays	Disorganised and late	Service OK now
16.	SECAmb was good; the drivers knew us and we knew them, always contacted us the night before.	Service was awful, always late. Waited for five hours to be picked up and then often several hours to get home. Some people missed their appointments completely. These people do not seem to realise we cannot miss our treatments.	Some drivers do not have a clue about where the hospital is and no idea about dialysis. Sending inappropriate vehicles for a wheelchair user.

17.	They looked after me - on time both journeys	Chaotic, always late being picked up. The hospital would make us well then wait four hours, getting stressed going home. Sometimes I missed my carer and had no one to prepare food. Several times I got my own taxi in the mornings. Quite often I stretched out on the seats in the waiting room and tried to close my eyes, I felt so drained. Its uncomfortable waiting four hours in a chair	Service has 'picked up' considerably - usually on time happy with the service now
18.	Everything worked really well, phone call the night before.	Frequently waited three and half hours to get home, one day a car arrived to take me to hospital 30 minutes after I arrived home from my treatment. Another day three cars arrived for me all at once.	Settled down, get the same 3 drivers, look after me well no delays, not at all stressful.
19.	Everything fine	Dreadful frequent four hour waits, total chaos.	Perfect
20.	No real problems	Always late and late getting to and last to finish treatment.	No real change
21.	There were problems but OK on the whole.	More problems, drivers changed a lot, no answer when phoned up left message no call back.	Has settled down
22.	Service good, no delays.	Disorganised and late.	Service OK now - very important to have the same driver.

23.			Last week picked up on different occasions by two drivers, one from Canvey Island the other from Nottingham, both being put up in the Preston Park Hotel. Neither had any idea how to get around Brighton.
24.	Not perfect but better than Coperforma. Volunteers were good	Late	Tuesdays and Thursdays OK, Saturday dreadful - overall, a bit better but still erratic. In the evenings its pot luck who takes you home. A couple of times I arrived home at 11pm when I had a 4pm transport slot to bring me home.
25.		About the same as now	On the whole good
26.	Service good no delays	Disorganised and late	Service OK now during the week; a friend is on standby at the weekends in case service fails or is very late
27.			On time minimal delays
28.	Service good no delays	Disorganised and late	Service OK now during the week; poor on Saturdays
29.	Service good no delays	Disorganised and late	Service OK now during the week poor on Saturdays.
30.	Service good, no delays.	Not delayed but drivers very unhelpful. Would watch me struggle rather than get out of the car and help me.	Service OK now
31.		Haphazard	About 10% trips delayed

32.	Service good, no delays	Disorganised and late.	Service OK now 80% of time, delayed 20% of time - staff helpful but ambulances are uncomfortable.
33.	Always delays never the same driver.	Very long delays especially going home, never the same driver.	Always late arriving, two-three hour delays going home. Driver got lost took 3.5hrs to get to Uckfield. Still unhappy with the service
34.			Arrives on time, occasional delays going home, but generally well organized.
35.		Arrives on time; delays about 20% time, drivers reliable and helpful. Couple of drivers are from Nottingham.	Usually arrives on time; delays about 20% time.
36.			Reported by son - father (patient) finds the PTS dreadful but does not have speech following a stroke and finds it difficult to communicate this.
37.	Service good, no delays	Disorganised and late	Service OK now - if late, difficult to get issues resolved by phone, never an explanation
38.	Service good no delays	Disorganised and late.	Service OK now
39.			Always late, failed to turn up on two occasions. Two separate taxis for him and a neighbour.

40.			Always late - recent experience got in car with two others, first trip to Seaford, second to Preston Park and the third to Crawley - no one seems to have a route planner. I have had drivers from Chelmsford and Thames Valley.
41.		Once a driver arrives they are good but delays.	When interviewed lady had been waiting two hours to go home with no news of transport arriving she was the only person left in the waiting room.
42.			Sometimes a little late
43.	Service good, no delays.	Disorganised and late. Drivers often did not seem to speak English or understand British culture; they would speak to each other in their own language. On one occasion driver did a three point turn and on-coming car crashed into them (driver said he needed to post a letter). Patient not hurt but required alternative transport.	Service OK now
44			Service unreliable- 'hit and miss'
45			Drivers good but system awful, always delays getting home.
46	Service good no delays	Disorganised and late	Service OK now

47	Service good no delays	Disorganised and late	Service OK now
48	Service good no delays	Disorganised and late	Service OK now
49	Service good no delays	Disorganised and late	Service OK now
50	Service good no delays	Disorganised and late	Service OK now

An interpretation of the comments made by patients indicates the following overall trends:

- A good service prior to April 2016, a disorganised and poor service from April to the end of July, an improving service from August onwards, a pattern that is repeated in about 30 (60%) of the 50 interviews. That fits well with the data reported in section 4.2 above where people scored their relative satisfaction with the service – here 65% reported that the PTS since August was 'OK' or 'satisfactory'.
- Saturday is identified as being consistently problematic with 9 (18%) people from 50 specifically recording an adverse comment about the PTS on that day. This is likely to be under-reported as not everyone will have been prompted to distinguish between weekday and weekend levels of service. Some people will not have treatment on a Saturday and that data was not systematically gathered, a deficit that should be avoided in future similar service reviews.
- Dissatisfaction with taxi drivers from April 2016 onwards, including lack of familiarity with the local area, being unhelpful, and not communicating well in English.
- Specific praise for one ambulance provider, Medi4.

It was beyond the scope of this review to assess how many people have abandoned the PTS in recent months. It is clear from informal discussions with patients that many have incurred unanticipated costs and considerable disruption to family life. It may be helpful to gather this information in the future to advise service planning and commissioning.

5.4 The personal impact of deficits in the PTS

Key:

1 = Missed hospital appointments

2 = Longer time needed for appointment due to delays

3 = Shortened treatment times

4 = Anxiety stress

5 = Child care other carer issues

No	1	2	3	4	5	Comments made
1				x		
2				x		Saturdays are a nightmare I dread the day
3				x		Saturdays stressful
4						Left feeling very ill after long waits
5				x		
6		x		x		
7		x		x		
8		x	x	x		
9						
10						
11				x		
12				x		
13				x	x	No missed appointments because they are filled in later - catch up sessions -
14						
15				x		
16				x		

17						No real problems
18				x		Uncertainty - just left in a waiting room - knew nothing -told nothing
19				x		
20				x		
21				x		
22						
23		x		x		
24						
25						No problems happy with the service
26			x	x		
27						
28		x		x	x	Disrupted family life
29				x		Concerned nurses have to work late
30				x		
31						
32						Delayed meals
33						
34				x		
35				x		
36						
37						
38				x		
39						
40			x			
41		x	x	x		

42						
43				x		
44						Person very unwell, multiple medical issues – no opinion reported
45						
46		x		x		Discomfort waiting in wheelchair
47						
48						Just made me feel so miserable
49						So tiring you just want to go home and rest
50						

- 26% (13) nil return
- 14% (7) reported longer treatment days due to travel delays
- 8% (4) reported shortened treatment sessions
- 56% (28) reported anxiety and stress as a result of deficits in the PTS
- 4% (2) reported associated problems with carer and family arrangements
- 2% (1) reported no problems associated with the service

There is considerable evidence of people having had their lives and routines severely disrupted and people having suffered avoidable anxiety and stress by defects in the PTS since April 2016. There is evidence that despite the majority of people reporting that services have generally improved since August 2016, some people were faced with persistent uncertainty, stress and anxiety in a service with elements of unreliability, particularly on Saturdays.

The review found no obvious evidence of severe or permanent harm being reported by patients. In addition those people delivering, analysing and reporting this service review were not competent to make clinical judgments around those issues. However, there have been some second or third hand reports of a few people whose personal resilience and morale has been so affected by deficits in the PTS that they considered ending their treatment. Healthwatch has not been able to verify these reports. It is important, in the interests of individual patients and the reputation of all the services involved, including those who commission these services, that this issue is thoroughly and robustly investigated in other similar

service reviews and other clinical areas. Healthwatch would encourage anyone who has first-hand knowledge of any person who has contemplated ending their treatment because of PTS problems to contact us through the Healthwatch Information line or IHCAS Service.

5.5 Patients understanding about the causes of delays in the PTS

Nil return = 29% (14)
No information ever given = 63% (30)

Reasons given for PTS deficits in service:

- Not enough drivers (on Saturdays)
- Poor information available to Coperforma
- Lack of vehicles
- Traffic problems
- Total service is really busy
- Other patients hold up the transport
- Blame SECAmb for not telling Coperforma what was involved in providing this service
- Phone system does not work properly
- “They are on the way”
- Lack of training and proper organisation
- Other people’s fault
- Drivers don’t know the local area and get lost and delayed

No one interviewed indicated that they had received a clear explanation for delays and other deficits in the PTS. Almost all those expressing a view on this issue indicated that they had never received any explanation, or that they did not know the explanation for problems with the service. People indicated a wide range of reasons that derived either from sources such as drivers, letters from Coperforma, media, hospital staff, or from their own impressions having experienced the service directly.

It is clear that no simple, authoritative and creditable explanation for deficits in services were ever offered to patients. Healthwatch notes that renal dialysis patients are among the most physically ill, frail and vulnerable patients using the PTS. Dialysis is a life-sustaining intervention without which these people would not survive. NHS Commissioners and NHS-funded services have caused these people to live with continuing uncertainty about the PTS for months, and have not provided

adequate explanation for service failure. There has been a failure to communicate effectively with patients individually and collectively.

5.6 Making complaints

Nill return	No	Complained to:	Outcome
		PTS co-ordinator at hospital	She tried to resolve problem
		Renal Outpatient Department reception	Nothing
		Renal Outpatient Department reception	
		Coperforma telephoned	PTS arrived but late
		Coperforma	PTS started to arrive on time
		Complained to Coperforma in April	Got a letter apologising and saying they were short of staff
X			
		Phoned Coperforma many times	Never get through so I've given up
		As above	Once got a taxi at own expense and had that reimbursed
		Phoned Coperforma many times	Wasted a lot of money on phone calls
		Complaint made by manager of Care Home on my behalf. Phone was on hold for over an hour and her phone battery ran out	Got two letters of apology
X			
X			

X			
	x		
		Yes (unspecified)	'Falls on deaf ears'
	x		
X			
		Yes (unspecified)	Nothing
X			
		Talked to drivers and the supervisor	Nothing
		Wrote to Coperforma about three months ago	Got a letter saying they were trying to improve the service
		Husband phoned and got angry.	They hung up on him
		I have written letters, completed forms and made phone calls.	Received a letter informing me that 88% of people are delighted with the service
	x		
		Complained to people 'on the desk' at hospital, can never get through to Coperforma. We give the drivers 'stick' but it's not really their fault.	
		We had a survey and I told them how poor the service was.	They apologised and said they were trying to get the service right
		Complained to people 'on the desk' at hospital; can never get through to Coperforma.	
X			
		Complained a couple of times, wrote complaint in April.	No reply

X			
	x		
		Yes wrote to my MP and everyone I could think of and was on TV	I think I made a difference – I certainly raised awareness
	x		
		Yes several times	Nothing
		Yes several times	Received an apology
X			
	x		
	x		
		Mid-May got picked up but two more drivers arrived starting arguing between themselves and refused to leave. Insulted my 23 year old son (who has Autism). Hospital complained to CCG	Received an apology – no point in complaining to Coperforma; it is clear from other people that they simply send out the same standard letter of apology.
X			
		Complained to Coperforma	Standard letter of apology - platitudes
		Complained to Coperforma	Standard letter of apology – nothing happened to improve services
		Phoned Coperforma; could not get through to complain	
		Phoned and sent a written complaint	Now being picked up on time – but still separate vehicles arriving for two nearby neighbours
		Raised concerns at desk which is a waste of time	Nothing

		Yes, complained at the desk but in a wheelchair and cannot easily get from the waiting room to the desk.	Nothing
		Only informally	Nothing
		Yes but only to nurses and drivers and it's not their fault	Nothing
	x	No I just moaned about it.	

Complaint not resolved/response unsatisfactory = 63% (30)[3]
Complained satisfactory outcome indicated = 4% (2)
Had not made a complaint = 17% (8)
Nil return = 21% (10)

There is evidence of:

- No easy and systematic way of raising complaints and receiving a resolution 'on the day'.
- Complaining to Coperforma is difficult and often seems to result in receiving a standard format letter of apology.
- No systematic way of raising and resolving complaints about persistent or serious problems.

Informal feedback from Healthwatch researchers indicated that hospital staff, hospital-based PTS staff and most drivers tried to be helpful and resolve problems as they arose. These staff were generally seen as diligent, well-mannered and helpful but working with a deeply flawed PTS system.

[3] It is clear from the tone of comments received that having a standard letter of apology from Coperforma was not an acceptable resolution of complaints for these patients.

6. Examples of patients receiving Healthwatch Independent Health Complaints Advocacy

The Healthwatch Brighton and Hove Independent Health Complaints Advocacy (IHCAS) service is delivered by our partner, Brighton and Hove Impetus. IHCAS signposts, advises and can actively support people to make complaints about NHS services. We feel it is helpful to include some accounts from people who have had help making complaints about the Patient Transport Service (PTS) by our IHCAS service. Only one of these accounts relates to a patient receiving dialysis and so they are unrelated to the rest of this report. The examples provided below, however, illustrate that PTS problems have been present across other clinical areas and that Healthwatch Brighton and Hove is actively assisting people to make complaints.

Initials of client	Date of contact with IHCAS	Detail of complaint/experience of patient transport	IHCAS Actions	Coperforma response
Mr D	June 2016	75 year-old who uses oxygen cylinder has been let down on over five occasions by patient transport.	• Discussions over phone • 1:1 meetings to discuss client's experiences • Write complaint letter • Complaint letter approved by client • Complaint letter sent to CCG (2/8/16)	• Various letters stating Coperforma are investigation complaint • Last one received 27/9/16 apologising in delay in sending response

Mr M	July 2016	Complainant's husband, who receives dialysis, has missed a number of appointments due to the ambulance arriving too late. Service provided by Copoforma. Referral received from Carers Center Need translator	• Organised Interpreter and met 1:1 to discuss experiences • Wrote complaint letter - translated into XX language • Letter approved and sent to CCG • (August 2016) • Update client with progress	• Delay in CCG responding and investigating due to misunderstanding over surname. This has now been resolved • No response to date
Mrs W	June 2016	88 year old woman, living alone after caring for her husband who had a stroke last December and who is now in a care home. Mrs W also had a stroke, in January but has managed to remain in her home. 14th March 2016 - Ambulance over 2 hours late to go to an appointment at the royal, expected at 9 am ''but finally arrived, after calling again, after 11 am'' 21st March - Due at the hospital for a care review for 10.30am - was advised transport would not be on time so had to get a taxi.	Monthly telephone chat to check in how things are regarding experiences of health care Home visit to learn more details about experiences which includes concerns with GP surgery and BSUHT and medication. Arranged another home visit for December.	Note: Client did not want to make a formal complaint

		Ambulance late in returning her home but Mrs W says that the ambulance men were 'very nice and had to come all the way from Hastings, especially to pick me up'' 6th October 2016 – waited over 3 hours ''stuck in my wheelchair, with the brakes on, in the same spot '' to be collected and taken home from Royal Sussex. Mrs W is due her next appointment at the Royal on 25th November and has decided she will use a tax which is £16 each way.		
Mrs H		87 year old woman who leaves alone relies on patient transport to take her to various hospital appointments and Pain Clinic and has been let down on a number of occasions by service provided by Coperforma. Also concerned that the drivers are not trained Paramedics.	Monthly calls to chat and check in experiences of health services and improvement with use of patient transport	Did not want to make a formal complaint

7. Conclusions and recommendations

7.1 Providing a satisfactory service in the future

It is clear that the Patient Transport Service (PTS) service provided to patients at the Royal Sussex County Hospital (RSCH) Renal Outpatient Department had been deeply unsatisfactory since April 2016. While it improved from August 2016 there were persistent and unresolved deficits in the service. Healthwatch Brighton and Hove believes these failures contributed to the decision in November 2016 to terminate the contract with Coperforma and appoint South Central Ambulance Service NHS Foundation Trust (SCAS) to replace it.

In light of the decision to change the provider of the PTS for Sussex, this report offers important learning for future commissioning and delivery of the service. Healthwatch believes this report documents a deeply worrying cautionary tale and a textbook record about how not to go about delivering services to NHS patients.

Clinical staff at the RSCH Renal Unit reminded us that the PTS before Coperforma had not been problem free - there had been recurring performance issues for many years. A senior member of clinical staff was keen to point out "…the fundamental need for transparency and accountability directly to the patient…" They suggest that the PTS should have dedicated performance targets for renal patients and that monthly or quarterly validated performance reports should be prominently and publically displayed.

Recommendations:

- Even though there is a transitional period between providers, urgent and immediate action is still required by service providers and commissioners to correct persistent deficits in service, particularly on Saturdays.
- This report should be used by SCAS to develop a clear and creditable action plan to recover this service in order to re-establish confidence among patients, NHS staff and the public.
- Robust and simple complaints procedures need to be put in place to resolve problems as they arise and to address more serious and persistent problems.
- There should be dedicated PTS performance standards for renal patients, with performance reports publically and prominently available.
- Commissioners and service providers should promote Healthwatch and our associated Independent Health Complaints Advocacy Service (IHCAS) service

prominently, along with other relevant representative organisations and advocacy services.

- Healthwatch provides IHCAS, and this service should be considered when seeking to improve complaints assurance for the PTS in the future.

7.2 Comments from patients about the service and recommendations about how the new provider can improve it

The patients we interviewed made suggestions about how the PTS might be improved. In addition to the issues raised elsewhere in this report they were concerned about some of their experiences:

- Patients could not understand how it was possible to get their appointment arrangements so wrong. Almost all attend treatment sessions at standard times for fixed periods on the same days and these arrangements have often been in place for years. Coperforma and their sub-contractors were not expected to provide an emergency service but a largely predictable and routine service.
- The uncertainty about transport arriving meant some patients will have risen very early to dress and be ready immediately the transport arrived, often long before their appointment times.
- If they did manage to get through on the phone to Coperforma, they were often given inaccurate and conflicting information about when transport would arrive, increasing their anxiety levels and uncertainty.
- Some drivers were rude and even threatening. Many patients were concerned that their transport was not clean or hygienic or roadworthy. Drivers sometimes drove erratically and patients questioned whether they were able to deal with a medical emergency.
- There were multiple journeys that did not make best use of vehicles, separate vehicles carrying individual people to similar destinations, multiple vehicles turning up for the same pick-up, drivers and vehicles travelling long distances to make pick-ups, and drivers and vehicles from all over England being accommodated locally.

Recommendations:

- Clear standards for call centre performance, vehicles, drivers and punctuality should be made explicit to people receiving the service.
- Drivers should receive proper training to know how to deal with patients.
- There should be a simple way for breaches in service standards to be reported and escalated.

- There should be same-day resolution for minor breaches of standards.
- Financial penalties should be imposed for service providers breaching service standards.
- There needs to be better use of technology – some parcel delivery services allow a customer to track a package from warehouse to delivery, timed to the minute. The PTS should provide similar technology to give patients and their family greater certainty about when their transport will arrive.

7.3 Rebuilding confidence in the PTS for patients, the public and the professional community

Confidence in the PTS across Sussex has been deeply damaged. Continuing claims that the service has improved have not gained traction and have often been dismissed as not credible. With the departure of Coperforma there is an ideal opportunity to rebuild confidence.

Clinical staff at the RSCH Renal Unit have suggested that the Clinical Commissioning Groups (CCGs) and Coperfroma consider closely what actions helped the PTS to start to recover and improve over August 2016 and that 'lessons learnt' are shared with the new providers. They suggested that the following helped to improve the service: reallocating back office staff to create a dedicated dialysis team for Brighton and its satellites; training clinical staff in use of the patient transport portal improved communication and lightened the load for call centre staff.

Recommendations:

- Commissioners should establish current and future PTS performance with independent and expert verification. Healthwatch stands ready to assist with that process.
- A wider account of deficits in the PTS should be undertaken by gathering patient experiences across Sussex and in other specific clinical areas such as cancer services. The High Weald Lewes Havens (HWLH) CCG's Patient Safety and Quality Assurance Group could lead and coordinate that process involving Healthwatch and using other expert and independent verification as required. The principal aims may be:
    a. To establish an accurate historic record.
    b. To establish performance baselines for future service review involving patient experiences other than those reported solely by the commissioners and providers of the PTS.
    c. Healthwatch Sussex-wide have already offered to assist with that process and it is important that this work goes ahead regardless of the replacement of Coperforma as the service provider.

- A learning event should be held to identify lessons learnt and to inform the future provision and commissioning of the PTS in Sussex.

7.4 Learning lessons and building a learning community

The Internal Audit Agency independent review identified deficits in the mobilisation of the PTS in Sussex from April to mid-May 2016. Even though we are currently in a transition period between providers, this report indicates that many of those problems are unresolved and persistent. There is concern from patients, the public and the professional community that there may have been deep flaws not just in the delivery of this service but also in the commissioning process:

- Consultation and engagement in the commissioning process has revealed that:
    a. a lack of involvement of Healthwatch organisations, as the official and independent Health and Social Care 'consumer watchdog', has proven to be a weakness and;
    b. a seeming failure to refer a major and risk-laden change in service provision to the relevant local authority Health Overview and Scrutiny Committee process removed an opportunity to further test the suitability of the intended provider.
- The model of commissioning was a competitive process that does not seem to have allowed learning and warnings from South East Coast Ambulance Service NHS Foundation Trust to have been heard and held at the heart of the process
- The planning and mobilisation process was seemingly devoid of external and independent scrutiny, where commissioners lacked expertise in patient transport and did not seek out that expertise until after the service had substantially failed.

Recommendations:

- A further independent review should consider the commissioning process that awarded this PTS contract to Coperforma with a view to learning lessons and improving future commissioning.
- The results of that review should be made public and should materially inform future commissioning.
- The combined CCGs in Sussex should consider the viability of a model of commissioning that allows one CCG to act on behalf of the others as a lead commissioner, and their capacity to service it.
- Overview scrutiny and independent review processes should be clearly built into future similar commissioning.
- A full and transparent investigation of the financial implications of this service failure should be undertaken with the results made public. The financial impact of the Coperforma failure should also take into account the

costs to the NHS of clinical and administrative staff having been constantly diverted from their duties to fire-fight and resolve patient transport issues. Any recommendations should materially inform future commissioning processes.

7.5 The role of Healthwatch, the Care Quality Commission, performance monitoring and quality assurance

The failure of the PTS in Sussex from April 2016 was so profound that it is probably not an exaggeration to say that many organisations in the political and professional community were not at all sure how to respond. Issues were raised with no ready or easy answers. At Healthwatch we were poorly resourced to address this service failure. Healthwatch is supported very well by Brighton and Hove City Council, particularly given budget pressures in the City. However, compared to the size of the NHS and social care system, Healthwatch resources are very small. We continually balance maintaining a busy programme of service review planned in advance against being available at short notice to address topical and urgent issues. Healthwatch undertook this review in just two weeks, mobilising 150 hours of volunteer time and our IHCAS with no additional cost to the taxpayer. In the same period Healthwatch was also responding to a range of other consumer concerns e.g. local GP practices being reconfigured (some in special measures), Brighton and Sussex University Hospitals NHS Trust and SECAmb responding to adverse Care Quality Commission (CQC) inspection reports and going into special measures, emerging local concerns over social care funding pressures, and feeding back on findings from our Outpatient Department report.

Healthwatch has escalated concerns about the PTS to Healthwatch England (HWE) and the CQC. HWE is assisting us in finding other local Healthwatch organisations with PTS problems, and we aim to share learning locally and across the national Healthwatch network. The CQC inspected Coperforma, and their report is available to the public.[4] NHS England is the body responsible for providing quality assurance for CCGs, and from the perspective of Healthwatch they have been largely invisible in responding to this service failure. Over 2015/16 NHS England rated HWLH CCG 'good' overall and 'good' for 'planning', 'finance' and being 'well led'.[5]

[4] Coperforma Demand Management Centre Care Quality Commission's Quality Report published on 01/11/2016

[5] CCG Assurance Annual Assessment 2015/16

Recommendations:

- Clear inspection and independent quality assurance processes should be in place for PTS. As the lines of service delivery grow longer and further away from direct NHS control, the question about how quality and performance can be effectively assured has to be asked. This is particularly the case where there might be a lack of clarity about what body has the responsibility to inspect and quality-assure the service, i.e. who should have inspected Coperforma when it was essentially a 'call centre' which serviced sub-contractors who actually provided the transport service.
- HWE, the CQC and the NHS should consider how local Healthwatch organisations can best be supported when responding to major service failure.

8. Appendices

8.1. Brighton and Hove Clinical Commissioning Group Response

8.2. Renal Dialysis PTS interviews questionnaire

David Lilley
Healthwatch
Community Base
113 Queens Rd
Brighton
BN1 3XG

Hove Town Hall
Norton Road
Hove
BN3 4AH

16 December 2016

Dear David

Re: Users' perspective on the Patient Transport Service April – September 2016

Thank you for inviting the CCGs to comment on the factual accuracy and recommendations laid out in the above Healthwatch Brighton and Hove PTS report. We welcome this independent view of Patient Transport Service. Please find a summary of our feedback and comments below which includes a response to your further questions of the 16 December. Brighton & Hove CCG has taken the opportunity to discuss the report with colleagues from High Weald Lewes & Havens CCG.

As you are aware the Sussex CCGs commissioned an independent review into the procurement and mobilisation of the Patient Transport Service (PTS). In addition the Patient Safety Group, chaired by a senior GP, with representation from Sussex Healthwatch, was formed to determine the impact on patient experience and safety. The learning from these reviews, together with the additional feedback gained through the Sussex wide learning event held on 14 November, which included attendance from commissioners, providers, procurement, patient and stakeholder groups from across Sussex will be fed into the phased transition of the patient transport service from Coperforma to South Central Ambulance Service (SCAS).

We welcome the broader advocacy role of Sussex wide Healthwatch together with this report from Healthwatch Brighton and Hove and are pleased to note that the themes articulated in it resonate completely with those found in the TIAA and Patient Safety reports noted above, which have already been fed into and are informing the service transition plan and future service model.

As you are aware the CCGs have publically apologised to all patients, families and carers across Sussex regarding the impact of the failures in the patient transport service and I would wish to reiterate the fact that all the Sussex CCGs are giving the transition period between the two services and the learning from the last six months significant attention. We welcome continuing to work closely with Healthwatch Brighton & Hove over this period of time. I always welcome feedback from our partners, but would ask that the Healthwatch look at this as a collective commissioning responsibilities rather that an issue with High Weald Lewes Havens CCGs.

I have taken each of the recommendations and responded to them in turn. As you will be aware, some of the recommendations are in areas that you feel we should focus on for future procurements and I have provided detailed responses where I can.

1. Providing a satisfactory service in the future

- Even though there is a transitional period between providers, urgent and immediate action is still required by service providers and commissioners to correct persistent deficits in service, particularly on Saturdays.

CCG response
The Sussex commissioners continue to work with Coperforma to ensure the service to patients is maintained and improved, has stated publically its commitment to address the deficits in the current service provision moving forward and to apply the learning during the phased transition to the new service provider.

- This report should be used by SCAS to develop a clear and creditable action plan to recover this service in order to re-establish confidence among patients, NHS staff and the public.

CCG response
All commissioners of this service are working closely with SCAS on the service from 1st April 2017. It is important that we mobilise this service safely to SCAS and we are clear on the outcomes we are expecting through the service specification and the transition plan. Internally I have asked that John Child, our Chief Operating Officer takes the full executive lead for our organisation representing Brighton and Hove at the Programme Board which is monitoring the current service and proposed transition and developing the relevant governance and assurance frameworks.

- Robust and simple complaints procedures need to be put in place to resolve problems as they arise and to address more serious and persistent problems.

CCG response
SCAS has a well-tested complaint procedure and policy. I have asked John Child, Chief Operating Officer and Soline Jerram, Director of Clinical Quality and Patient Safety to provide me with further assurances that this has had further service user testing before the service transfers to SCAS.

- Commissioners and service providers should promote HWBH and our associated IHCAS service prominently, along with other relevant representative organisations and advocacy services.

CCG response
I take this as a wider point about how we as health commissioners are working closely with HWBH. As you are aware since coming into post I am keen to engender closer working between our organisations. I firmly believe that the population should have access to a thriving Healthwatch and I am keen to discuss further how we can work together in the future.

- Healthwatch Brighton and Hove provides independent complaint audit services (IHCAS) and this service should be considered when seeking to improve complaints assurance for PTS services in the future.

2. Comments from patients about the service and recommendations about how the new provider can improve it

- Clear standards for call centre performance, vehicles, drivers and punctuality made explicit to people receiving the service.

CCG response
SCAS has a standard operating procedure that will be followed on service commencement. I have asked our clinical leadership team to review this standard operating procedure to ensure we are confident that this will meet the needs of our population

- Drivers should receive proper training to know how to deal with patients.

CCG response
It is our expectation that all our service providers have robust recruitment, selection, induction and ongoing training policy for working with patients. The PTS Service Specification has clear standards in place which state that all transport provider staff must be competent in undertaking all responsibilities of their role, including (but not limited to) policies on:

- *Equality and Diversity;*
- *Safeguarding children and vulnerable adults;*
- *Disability and Human Rights Awareness;*
- *Dementia awareness;*
- *Mental capacity and Deprivation of Liberties Safeguards (DoLS); and*

- *Conflict resolution and customer care*

This will be reviewed at the Clinical Quality Review Meeting with the SCAS. I have asked Soline Jerram, Director of Clinical Quality and Patient Safety to review this with SCAS going forward.

- A simple way for breaches in service standards to be reported and escalated.

CCG response
SCAS has a standard operating procedure that will be followed on service commencement. I have asked our clinical leadership team to review this standard operating procedure to ensure we are confident that this will meet the needs of our population. The PTS service Specification requires the provider to establish "Clear escalation protocols to resolve issues in a prompt and timely manner, particularly with regard to maintaining patient flows across the system and resolving delays in transporting patients discharged from acute providers." and "An escalation protocol for internal incidents to ensure rapid movement of patients to their intended destination."

- Same-day resolution for minor breaches of standards.

CCG response
SCAS has a standard operating procedure that will be followed on service commencement. The PTS service Specification requires MSP to establish "Clear escalation protocols to resolve issues in a prompt and timely manner, particularly with regard to maintaining patient flows across the system and resolving delays in transporting patients discharged from acute providers." and "An escalation protocol for internal incidents to ensure rapid movement of patients to their intended destination." This will be mandated for SCAS as the new provider.

- Financial penalties for service providers breaching service standards.

CCG response
The NHS standard contract has the provisions for financial penalties for service providers that are breaching service standards and I will ensure that this is monitoried through the appropriate contractual route with the new provider

- Better use of technology – some parcel delivery services allow a customer to track a package from warehouse to delivery, timed to the minute. PTS services should provide similar technology to give patients and their family greater certainty about when their transport will arrive.

CCG response

We are exploring the opportunities for the use of IT solutions to improve the experience for our patients. At present we are focused on ensuring that there is a smooth transition to the new provider and will work with SCAS on these further innovations after 1 April 2017.

3. Rebuilding confidence in PTS services for patients, the public and the professional community

- Commissioners should establish current and future PTS performance with independent and expert verification. HWBH stands ready to assist with that process.

CCG response

Brighton and Hove Healthwatch will be aware that the Sussex CCGs have taken this action and have widely shared the appointment of an expert Patient Transport Advisor in August 2016 to provide independent advice and verification and continue to work with stakeholder groups, some with Healthwatch representation including, the Patient forum, Sussex Kidney Patient Association, Patient Safety Group, Trust provider Group.

- A wider account of deficits in PTS should be undertaken by gathering patient experiences across Sussex and in other specific clinical areas such as cancer services. The HWLH CCG's Patient Safety and Quality Assurance Group could lead and coordinate that process involving HWBH and using other expert and independent verification as required. The principal aims may be:
    - To establish an accurate historic record.
    - To establish performance baselines for future service review involving patient experiences other than those reported solely by the commissioners and providers of Patient Transport Services.
    - Healthwatch Sussex-wide have already offered to assist with that process and it is important that this work goes ahead regardless of the replacement of Coperforma as the service provider.

CCG response

Brighton and Hove Healthwatch will be aware that the Patient Safety Group has already gathered patient experiences across Sussex from other clinical areas. Sussex commissioners will ensure the learning from this informs the transition and future PTS.

- A learning event should be held to identify lessons learnt and to inform the future provision and commissioning of PTS services in Sussex,

CCG response

An independently facilitated learning event took place on 14 November 2016, with wide stakeholder representation, including attendance from Healthwatch Sussex. The Programme Board has requested a full communication and engagement plan to support the transition to

SCAS to ensure that patients, their families, carers and other stakeholders are fully aware of the new service well in advance of commencement.

4. Learning lessons and building a learning community

- A further independent review should consider the commissioning process that awarded this PTS contract to Coperforma with a view to learning lessons and improving future commissioning.
- The results of that review to be made public and to materially inform future commissioning.

CCG response
These two actions have been completed and I would request that the report reflects this. The independent review into the adequacy of the procurement and mobilisation of the service, have been shared widely and the outcomes considered at the lessons learned meeting held on 14 November. I can confirm a representative from the Royal Sussex County Hospital Renal Dialysis Unit was invited to attend but cancelled with late notice due to pressing clinical matters. I can confirm that outcomes from the event will be circulated once received from the external facilitator.

- The combined CCG's in Sussex to consider the viability of and their capacity to service a model of commissioning that allows one CCG to act on behalf of the others as a lead commissioner.

CCG response
Each CCG is accountable for its own decisions and actions. I take this responsibility very seriously within Brighton and Hove CCG. No CCG can make decisions on behalf of other CCGs and the role of the lead commissioner is to coordinate actions and responses. At the lessons learned meeting on 14th November 2017 it was noted that the existing Memorandum of Understanding between the Sussex CCGs that supports this process requires review to ensure that it accurately reflects the responsibilities of the lead commissioner and associate commissioners.

- Overview scrutiny and independent review processes to be clearly built into future similar commissioning.
- A full and transparent investigation of the financial implications of this service failure should be undertaken with the results made public. The financial impact of the Coperforma failure should also be taken into account the costs to the NHS of clinical and administrative staff having been constantly diverted from their duties to fire fight and resolve patient transport issues. Any recommendations should materially inform future commissioning processes.

CCG response
These areas are both covered in the TIAA reports recommendations and the CCGs have already taken account of them in the PTS phased transition and mobilisation plan to the new provider.

In response to your additional questions regarding the independent report I can confirm two independent reports were commissioned by Sussex CCGs. The first is the TIAA report reviewing the transition and mobilization of the PTS contract which has been published. The second is a review of the PTS procurement arrangements which is currently in draft. This report is being reviewed by NHS South of England procurement for comment and accuracy. It is anticipated this report will be published in early 2017.

I can confirm the total cost of the PTS contract is £62 million over five years which represents 0.5% of the total Sussex NHS commissioning budget. All Sussex CCGs' annual accounts, annual reports and the reports of their independent external and internal auditors are published on the CCG websites. I expect that the financial implications of the PTS contract and its transfer to SCAS will be covered in these documents.

5. The role of Healthwatch, the Care Quality Commission, performance monitoring and quality assurance

- Clear inspection and independent quality assurance processes should be in place for PTS. As the lines of service delivery grow longer and further away from direct NHS control, the question about how quality and performance can be effectively assured has to be asked. This is particularly the case where there might be a lack of clarity about what body has the responsibility to inspect and quality assure the service i.e. who should have inspected Coperforma when it was essentially a 'call centre' which serviced subcontractors who actually provided the transport service.
- Healthwatch England, the Care Quality Commission and NHS should consider how local Healthwatch organisations can best be supported when responding to major service failure.

CCG response
I acknowledge the issues that you have raised and suggest we work together to be clear about the assurance role for Healthwatch in this context. I would add that there are clear quality assurance and inspection processes in place for PTS which are articulated in the service specification and NHS contract requirements. The CCGs monitor PTS in the same way it contract performance manages all healthcare providers, regardless of the provider being independent or NHS. Patient transport providers also come under the national regulatory responsibility framework of NHS Improvement and the CQC.

In summary I would like to reiterate my thanks for your report and I do hope you have found my response helpful.

With best wishes

Yours sincerely

Adam Doyle
Chief Accountable Officer
NHS Brighton & Hove Clinical Commissioning Group

Renal Dialysis PTS interviews

Patients only interviewed if they have used PTS to attend appointments at the unit.

Visiting the Renal Dialysis Unit

Q1 How long have you been coming to the unit?

Q2 How frequent are your visits currently?

Why are you using PTS?

Q3 How important is PTS in being able to receive your treatment?

Using PTS

Service before April 2016

Q4 How satisfactory was the PTS service you received before April 2016?

Very Unsatisfactory	Unsatisfactory	OK	Satisfactory	Very Satisfactory
☐	☐	☐	☐	☐

Q5 Please describe your experience.

Prompt issues that can be mentioned:

Did transport arrive on time?
How long were delays if experienced?
If delays - on what proportion of journeys were delays experienced?
How was the quality of transport provided - appropriateness of service etc?

Q6 Please describe a typical PTS experience in early 2016 (before April).

PTS service April - July 2016

Q7 How satisfactory was the PTS service you received between April and July 2016?

Very Unsatisfactory	Unsatisfactory	OK	Satisfactory	Very Satisfactory
☐	☐	☐	☐	☐

Q8 Please describe your experience.

Prompt issues that can be mentioned:

Did transport arrive on time?
How long were delays if experienced?
If delays - on what proportion of journeys were delays experienced?
How was the quality of transport provided - appropriateness of service etc?

Q9 Please describe a typical PTS experience in this period

PTS service August - currently

Q10 How satisfactory has the PTS service been since August 2016?

Very Unsatisfactory	Unsatisfactory	OK	Satisfactory	Very Satisfactory
☐	☐	☐	☐	☐

Q11 Please describe your experience.

Prompt issues that can be mentioned:

Did transport arrive on time?
How long were delays if experienced?
If delays - on what proportion of journeys were delays experienced?
How was the quality of transport provided - appropriateness of service etc?

Q12 Please describe a typical PTS experience since August.

Impact of PTS problems (if experienced)

Q13 Please describe the impact of PTS problems on yourself or your treatment

Prompt issues that can be mentioned:

Missed hospital appointments?
Longer time needed to attend appointments due to delays?
Shorter treatment times?
Anxiety, stress?
Issues about care of children/family members?

Cause of delays (if experienced)

Q14 What reasons, if any, have been given to explain delays/problems?

Q15 What do you think is causing the delay/problems?

Raising concerns/making a complaint

Q16 Have you attempted to raise a concern or make a complaint about PTS?

Q17 What happened?

Q18 If not, why have you not complained?

General assessment of PTS service recieved since April

Q19 Please comment on the overall quality of the service you have received since April

Prompt issues that can be mentioned:

Competence of drivers
Health and Safety
Ability of driver to communicate
Driver's knowledge to get to hospital
Appropriate medical knowledge of staff

Friends and Family Question

Q20 How likely are you to recommend the PTS service to friends and family if they needed similar care or treatment?

Very Unlikely	Unlikely	Neither Unlikely nor Likely	Likely	Very Likely
☐	☐	☐	☐	☐

Additional comments and consent

Q21 Are there any other issues about PTS you want to raise?

Q22 Do you give consent for Healthwatch Brighton and Hove to share the information you have provided with PTS regulators (e.g. CCG and CQC)?

Yes ☐

Q23 Are you willing to do a short follow-up interview with Healthwatch to discuss your experience with PTS in more detail?

Yes ☐

Q24 Contact details if consent is given:

Name

Phone number

email

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 53 Brighton & Hove City Council

Subject:		**Patient Transport Services (PTS): Update**	
Date of Meeting:		**01 February 2017**	
Report of:		**Executive Lead Strategy, Governance & Law**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 A new contract for Sussex Patient Transport Services (PTS) – non-emergency transport of eligible patients to and from hospital – was introduced in April 2016. From the outset there were significant problems with the new service which have previously been detailed to the HOSC. A Remedial Action Plan (RAP) was implemented which did result in an improvement in the service and this improvement has since been maintained. However, the investment required from Coperforma to maintain this improvement is unsustainable longer term which ultimately resulted in Coperforma seeking a managed exit from the contract on economic grounds.

1.2 This was unforeseen and required urgent action by the CCGs to introduce their contingency arrangements to maintain service provision to patients and allow a managed and orderly transfer of the service to a new provider.

1.3 Following a transparent award process, South Central Ambulance NHS Foundation Trust (SCAS) agreed to deliver the service over the remainder of the contract term from 1st April 2017.

1.4 Governance arrangements are in place to provide oversight and scrutiny of the transfer and this incorporates the lessons learned from the independent report into the transition and mobilisation of the Coperforma contract which the CCGs commissioned from TIAA Ltd. This has also been circulated to the HOSC.

1.5 The HOSC has been receiving regular updates on PTS from commissioners since the spring of 2016. This is the latest of these updates and presents an opportunity for members to question commissioners about the current performance of PTS and about progress of the handover arrangements.

2. RECOMMENDATIONS:

2.1 That the report be noted; and that members determine how they wish to monitor this issue going forward.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The NHS provides a non–emergency patient transport service (PTS) for patients who meet eligibility criteria for PTS. Patients are transported via pre-booked journeys for arrival at their destination from 7.00am Monday to Friday and from 8.00am on Saturdays and Sundays and Bank Holidays. The service accounts for approximately 0.5% of total spend by CCGs.

3.2 High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) coordinates the PTS service on a Sussex-wide basis on behalf of all Sussex CCGs. Individual CCGs nonetheless remain accountable for patient transport provision to their populations. There are similar collaborative arrangements across Sussex and beyond for services such as 999, 111 and out of hours GP services.

3.3 The previous provider of the service was South East Coast Ambulance Service (SECAmb) who informed the CCGs in 2014 that it did not want to extend the patient transport service contract under the current terms beyond the scheduled end date of 31st March 2015. They agreed to a one year contract extension until 31st March 2016, to give commissioners time to procure the new service using a competitive process that was compliant with procurement law and NHS Regulations.

3.4 HWLH CCG established a project team comprising representatives from each of the seven Sussex CCGs, and experts from procurement and finance to develop and consult with stakeholders on the new service specification. Following a competitive tendering process, Coperforma were awarded the contract in November 2016 and commenced delivery of the PTS on 1st April 2016.

3.5 There were problems with aspects of the PTS service from the outset, and although performance subsequently improved, the additional investment required to achieve and maintain this made the contract uneconomic in the long term. On this basis Coperforma sought a managed exit from the contract. This was accepted by the CCGs which immediately activated contingency arrangements to secure long term service provision in the interests of patients and staff involved in service delivery. Following a transparent contract award process SCAS will provide the service of the remainder of the contract term and a handover process is underway
.

3.6 Coperforma and SCAS are working collaboratively to minimize disruption to patients during the transfer process.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this update report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 This report has been shared with HWLH CCG.

6. CONCLUSION

6.1 Not relevant to this 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

None

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 54 Brighton & Hove City Council

Subject:		**GP Sustainability and Quality: Update**	
Date of Meeting:		**01 February 2017**	
Report of:		**Executive Lead, Strategy, Governance & Law**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The HOSC has been monitoring the issue of GP practice quality and sustainability for some time. This report provides an update on the ongoing work to support city GP practices undertaken by NHS England (NHSE) and Brighton & Hove CCG.

1.2 The update will also include information on recent developments in Brighton & Hove GP services.

2. RECOMMENDATIONS:

2.1 That members note the information provided in this report; and

2.2 Agree to request a further update on GP practice sustainability and quality in six months' time.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 Nationally, GP services are currently experiencing a good deal of pressure, in terms of demand, quality, resources and workforce. This is very much a local issue also: recent months have seen the closure of six city GP practices; and several practices have also been required to make significant quality improvements following CQC inspections.

3.2 The Health & Social Care Act (2012) required GP services to be commissioned by NHSE. More recently however, local CCGs have been encouraged to 'co-commission' GP services. Brighton & Hove CCG opted not to be an early adopter of co-commissioning, but the CCG has now agreed to assume GP commissioning responsibilities in the near future.

3.3 The HOSC held a workshop on GP sustainability and quality in early 2016 where members learnt of work being undertaken by NHSE and the CCG to increase both the sustainability and quality of local GP services. Primary care sustainability will also be a key strand of Sustainability & Transformation Plans (STP) announced in the December 2015 NHS Planning Guidance

https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

3.4 In addition to updating members on progress in designing and implementing sustainability and quality improvement plans, NHS colleagues have been asked to update the HOSC on recent developments in city GP services.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 None to this update report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None to this report.

6. CONCLUSION

6.1 Members are asked to note the information on GP sustainability and quality provided by NHS partners, and to determine what future scrutiny action is required (it is suggested that another update is requested for six months' time).

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

None to this report for information

Legal Implications:

None to this report for information

Equalities Implications:

7.1 It is important that everyone has ready access to good quality GP services. If city GP services are of poor or varying quality and/or become more difficult to access because some practices close then this may have a disproportionately detrimental impact on some protected groups such as older people or people living with disabilities.

Sustainability Implications:

7.2 None identified.

Any Other Significant Implications:

7.3 None identified

SUPPORTING DOCUMENTATION

Appendices:

None – powerpoint slides will be circulated in advance of the meeting and will be included for reference in the meeting minutes.

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item Brighton & Hove City Council

Subject:		**Multiple Births: Update**	
Date of Meeting:		**01 February 2017**	
Report of:		**CCG Chief Operating Officer/Executive Director Health & Social Care**	
Contact Officer:	**Name:**	**Kathy Felton**	**Tel:**
	Email:	**Kathy.felton@nhs.net**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report is an update of the report presented to the Health & Wellbeing Board in February 2016 in response to a Notice of Motion (as detailed in paragraph 3A below).

1.2 Information from the previous report is repeated or summarised where this is helpful and updates to the data, national and local initiatives are provided only where this is available and relevant.

1.3 This report also provides, in the summary section (at 3.8), confirmation of completed actions highlighted in the previous report:

During 2016 the CCG plans to work with the Trust and the Maternity Services Liaison Committee (a parent led group with parent representation from across the City) to use all of the national and regional initiatives available to continue to drive improvements forward.
And
The local JSNA will be reviewed in 2016 to ensure that it highlights needs related to multiple pregnancy, and stillbirths / neonatal deaths.

2. RECOMMENDATIONS:

2.1 To note the report.

3. CONTEXT/ BACKGROUND INFORMATION

3A Notice of Motion – Multiple Births

"This Council notes with regret figures from the Twins & Multiple Births Association (Tamba) which state that multiple pregnancies make up 3% of all births but account for more than 7% of stillbirths and 14% of neonatal deaths.

This Council notes the £3.8bn of additional funding for the NHS allocated for 2016/17 announced by the Chancellor of the Exchequer and resolves to:

1. Call on NHS England to consider the allocation of funds for further assistance to parents who have experienced multiple births and investigate improvements in care to reduce the number of stillbirths and neonatal deaths.
2. Request the Chief Executive to write to Brighton and Hove CCG to ask to what degree the clinical guidance and quality standards published by the National Institute for Health and Care Excellence (NICE) have been implemented in Brighton and Hove.
3. Request the Health and Wellbeing Board ensure that a Joint Strategic Needs Assessment on Multiple Births is added to the work programme."

3B Supporting documents and information

3.1 Multiple pregnancies – an overview

3.1.1 The incidence of multiple births has risen in the last 30 years. In 1980, 10 maternities per 1,000 were multiple maternities in England and Wales compared with 16 per 1,000 in 2015. Multiple births currently account for 3% of live births.

3.1.2 This increase in multiple births is due mainly to the use of assisted reproduction techniques, including in vitro fertilisation (IVF). Older women are more likely to have a multiple pregnancy and, because the average age at which women give birth is rising, this is also a contributory factor. For those aged under 20 years only 6 in every 1,000 maternities is a multiple, rising to 22 per 1,000 for 35-39 year olds, 28 per 1,000 for 40-44 year olds and 102 per 1,000 for mothers aged 45 or over.

3.1.3 Many women pregnant with twins or triplets will have an uncomplicated pregnancy which will result in a good outcome for both mother and babies. However multiple pregnancies have higher risks compared with a singleton pregnancy. For the mother, there is an increased risk of miscarriage, anaemia, hypertension, vaginal bleeding, preterm delivery, and an assisted birth or caesarean. Risks to babies include low birth weight and prematurity which can result in admission to a neonatal intensive care unit, congenital malformations, cerebral palsy, and impaired physical and cognitive development. The stillbirth rate for twin births is also 2.2 times that for singleton births (with 10.1 still births per 1,000 live and still births for multiples compared with 4.5 per 1,000 for singletons). It is therefore important for health professionals to be vigilant for complications to help manage these risks and provide the best possible outcome for mother and babies.

3.2 National statistics on perinatal mortality (including stillbirths)

3.2.1 In 2014 in England and Wales 4,630 babies died just before, during or within the week after birth (including 3,254 stillbirths).

3.2.2 39 percent of all stillbirths (approximately 1,270 per year) are now known to be the result of fetal growth restriction (babies who are not growing as well as they should be in the womb). It is estimated that 725 of these could be saved every year, an overall reduction of stillbirth rates by 22 percent.

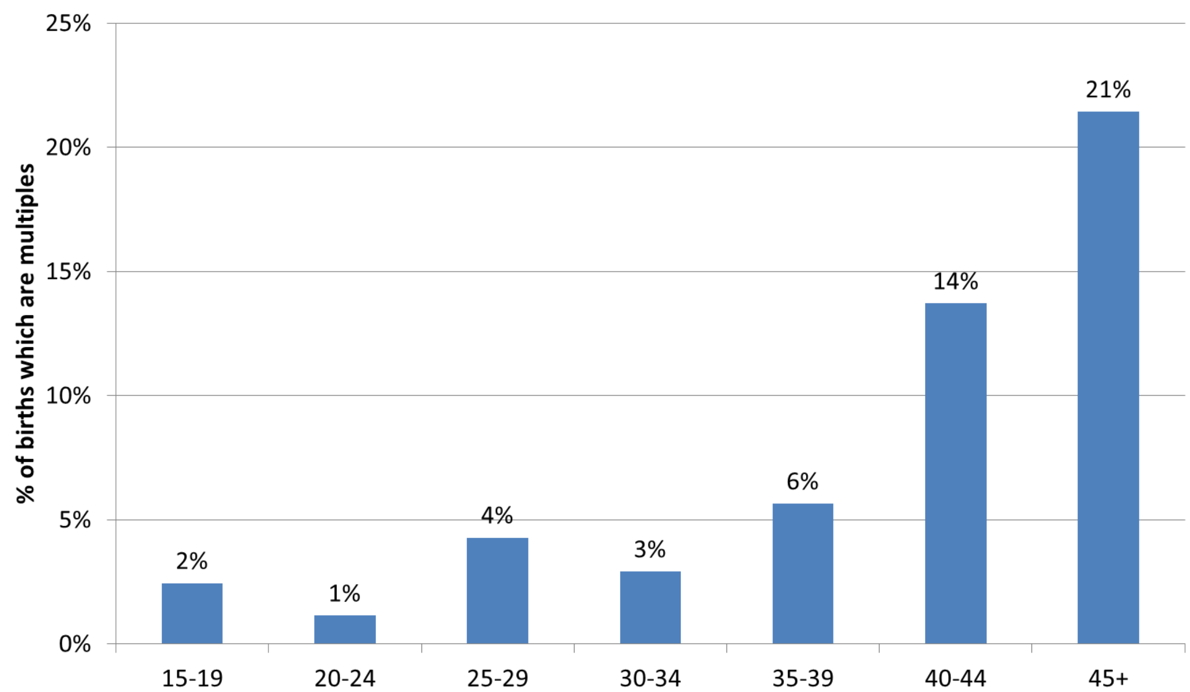
3.3 Multiple births, and stillbirths, in Brighton & Hove

Number of multiple births and outcomes

3.3.1 For Brighton & Hove residents for the five year period 2011-2015 (unless otherwise stated):

- There were 15,363 live births (640 live born multiples) and 60 still births. 4% of all births were multiples. Slightly higher than for England and Wales.
- As is the case nationally, multiple births are much more likely amongst older mothers. For 2014-2015, only 2% of births to mothers aged 15-19 years are multiples rising to 14% of births to 40-44 year olds and 21% of births to mothers aged 45 years or over (See Figure 1).

Figure 1: Percentage of all births which are multiples by age group, Brighton & Hove, 2014-2015



- Of the 60 stillbirths over the five year period, five (8%) were multiples and 55 singletons. On average, each year since 1999, there have been 1.4 stillbirths of multiple babies per year and 13.3 of singleton babies.
- In terms of still birth rates, the stillbirth rate for singletons is 3.7 still births per 1,000 live and still births (95% confidence interval 2.9-4.8) and the still birth rate for multiples is 7.8 per 1,000 live and stillbirths (95% confidence interval 3.3-18.0). There is not a statistically significant difference between the two rates, but this may be due to the large confidence interval for multiple still births due to the very small numbers. The higher rate in multiple births however does reflect the picture nationally.

- The overall stillbirth rate in Brighton & Hove is similar to the national rate: in 2015 in Brighton & Hove it was 4.7 per 1,000 live and stillbirths compared with 4.5 per 1,000 across England and Wales.
- Comparable data for neonatal deaths in multiple births for Brighton & Hove residents is not available. Nationally, to identify neonatal deaths which are babies from multiple births the Office for National Statistics (ONS) link births and deaths registration data through NHS number. The ONS have legal authority to link these two sources but this authority is not the same for Local Authorities and so this analysis cannot be carried out locally.

Comparative rates of stillbirths by NHS Trust

3.3.2 In May 2016, MBRRACE-UK (the Maternal, Newborn and Infant Clinical Outcome Review Programme) published a report into perinatal deaths for births from January to December 2014[1] with comparative rates by area and by hospital trust. Within this report Brighton and Sussex University Hospitals NHS Trust had:

- A stillbirth rate of 4.6 per 1,000 live and still births – the same as its comparator group.[2]
- A neonatal mortality rate (a live born baby dying within 28 days of birth) of 2.58 per 1,000 live births compared with 2.73 per 1,000 for the comparator group.
- And an extended perinatal mortality rate (a still birth or neonatal death) of 7.29 per 1,000 births compared with 7.31 per 1,000 for the comparator group.

3.3.3 The report identified organisations which should conduct a local review based upon their higher rates – Brighton and Sussex University Hospitals Trust, and Brighton & Hove CCG were **not** recommended to conduct a review based upon their rates.

3.4 **Local Application of National Institute of Clinical Excellence (NICE) guidelines** (includes an update from BSUHT)**:** *Multiple pregnancy: antenatal care for twin and triplet pregnancies guidelines [CG129],* September 2011. And *Multiple pregnancy: twin and triplet pregnancies* quality standard [QS46], September 2013.

3.4.1 These clinical guidelines and standards provide evidence-based advice on the care of women with multiple pregnancies in the antenatal period and are intended to drive measureable quality improvements in care.

3.4.2 In Brighton and Hove, Brighton & Sussex Universities Hospitals NHS Trust have a very clear protocol for care of mums with multiple pregnancies and this is consistent with the current NICE and best practice guidelines. It was last reviewed in January 2016 and includes "welcome" information sheet for mothers

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[1] , MBRRACE-UK (the Maternal, Newborn and Infant Clinical Outcome Review Programme). UK Perinatal Deaths for Births from January to December 2014. May 2016. Available at: http://www.hqip.org.uk/public/cms/253/625/19/552/2016%20perinatal%20surveillance%20final.pdf?realName=p9Bnx4.pdf&v=0 [Accessed 03/01/2017]

[2] The comparator group includes trusts and health boards with neonatal surgical provision and a level 3 NICU

detailing BSUHT multiple pregnancy antenatal classes and details of multiple pregnancy support groups eg. TAMBA.

3.4.3 The Trust also performed their own stillbirth audit in May 2016 (looking at BSUH stillbirths between May 2014 and November 2015) and the overall stillbirth rate was 3.6/1000 births. This is lower than the figure quoted in3.3.2 above but covers a different time period. From this the Trust appears to be lower than the national average. Note that this does not relate specifically to multiple pregnancies.

3.4.4 Still birth prevention remains a high priority at the Trust and they are engaging with all national policies and initiatives. They have recently appointed a fetal medicine consultant at both Hospital sites. They should provide a significant contribution to antenatal scanning capacity and the antenatal and intra-partum care of high-risk pregnancy, including multiples.

3.5 National and regional initiatives on stillbirth – update

3.5.1 The previous report highlighted a range of key initiatives in 2015 that would support the reduction of still births and neonatal deaths. These were launched by the Health Secretary, Jeremy Hunt, announcing a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.

3.5.2 **National Maternity Review** report – *Better Births* – A five year forward view for maternity care was published by NHS England in April 2016. This report highlighted seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live.

i. Personalised care
ii. Continuity of carer
iii. Better postnatal and perinatal mental health care,
iv. A (new, more personalised) payment system
v. Safer care
vi. Multi-professional working
vii. Working across boundaries (STP footprint)

3.5.3 Better Births provides a framework for longer term structural and transformational change in maternity services with actions for NHS England, Commissioners and Providers. The Report encompassed all of the previous national initiatives and safety programmes in one place and is now providing the focus for improving maternity care across larger geographical footprints in England.

3.5.4 Brighton and Hove CCG in collaboration with other CCGs and the Maternity Services Liaison Committee (a parent led group with parent representation from across the City) is developing a transformation plan to take all of this forward. Safety and quality improvements will be a fundamental part of this. NHS England has provided funding for a number of vanguard sites and the learning from these will be available in 2017.

3.7 Brighton & Hove Joint Strategic Needs Assessment

3.7.1 The topics of multiple births and still births / neonatal deaths are particularly relevant within three sections of the Brighton and Hove JSNA

3.2.4 Population groups: Pregnancy and maternity
7.1.2 Starting well: Maternal & Infant Health
8.3 Health services: Maternity care
http://www.bhconnected.org.uk/content/needs-assessments

3.7.2 Following the decision at Full Council the Public Health Directorate, as part of the annual JSNA programme, included data on multiple births and still births in the 2016 update of the relevant sections of the JSNA.

3.8 Summary

3.8.1 Multiple pregnancies have higher risks compared with a singleton pregnancy, including for still birth and neonatal deaths. BSUH NHS Trust is not a significant outlier on either still birth or neonatal death rates. It also has a very clear protocol for care of mums with multiple pregnancies and this is consistent with current NICE and best practice guidelines.

3.8.2 National initiatives, have been incorporated into the National Maternity Review Report *Better Births*. This is now providing the focus for transformational plans being developed for maternity services in collaboration with other CCGs.

3.8.3 The local JSNA has been updated as highlighted in 3.7.1 above.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.3 Not applicable to this report which is not for decision

5 COMMUNITY ENGAGEMENT & CONSULTATION

5.3 None undertaken in regard to this report.

6. CONCLUSION

6.1 This report is an update of the report presented to the Health & Wellbeing Board in February 2016 in response to a Notice of Motion from Cllr Taylor.

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 None to this report for information

Legal Implications:

7.2 None to this report for information

Equalities Implications:

7.3 The development of a maternity plan as referred to in section 3.5.4 above will require an equality impact assessment before it can be formally adopted.

Sustainability Implications:

7.4 None for this report

Any Other Significant Implications:

7.5 No implications for this report.

SUPPORTING DOCUMENTATION

Appendices:
None

Documents in Members' Rooms
None

Background Documents
None

BSUH Quality Improvement Joint Scrutiny Working Group Terms of Reference

Purpose of the group

The working group will:

- monitor the development and implementation of the Brighton & Sussex University Hospitals Trust (BSUH) Quality & Safety Improvement Plan;
- take into account the voice of local people (which may include consideration of feedback from local Healthwatch organisations) and seek to ensure that the needs of local people are integral to the improvements being designed and delivered by the Trust;
- seek assurance that, when successfully implemented, quality and safety improvement measures have actually resulted in improved outcomes and patient experience; and
- report back publicly to the constituent health scrutiny committees on a regular basis.

The working group will ensure that BSUH is constructively challenged and supported by:

- reducing duplication through collaborative working
- scrutinising its delivery against the improvement plan
- contributing to the Quality Account for the Trust

The existence of the working group does not restrict or prevent the participating local authorities from separately exercising their health scrutiny powers as necessary.

Membership

The working will be comprised of three representatives from each of the following health scrutiny committees:

- Brighton & Hove Health Overview & Scrutiny Committee
- East Sussex Health Overview and Scrutiny Committee
- West Sussex Health and Adult Social Care Select Committee

Appointments and terminations will be made by each local authority in line with their own local procedures.

Members are expected to abide by the relevant local authority's code of conduct.

The working group will elect a Chair.

Regularity of meetings, quorum and access to papers

The working group will meet approximately once every two months. Quorum is four members, unless members explicitly agree a lower figure in advance of a meeting.

Papers will be made available at least five days prior to the meeting and these will be available to health scrutiny members from each participating local authority.

Out of scope

The working group will principally focus on the improvement plan for BSUH.

Any substantial variation proposed by the Trust will need to be considered by the relevant health scrutiny committee(s), in line with national regulations and local processes.

Review

The working group will review its purpose and activity after 6 months, with an extension of its activities beyond May 2017 requiring agreement of all the health scrutiny committee chairmen.

The working group may be disbanded at any time by a simple majority vote of the members of the group.

Officer support

Brighton & Hove City Council will arrange meetings and despatch meeting papers.

Support officers for the three HOSCs will work jointly to support the working group.

Joint Sussex HOSC Working Group: Brighton and Sussex University Hospitals NHS Trust (BSUH) Quality Improvement

Notes from the meeting held on 5 December 2016, Hove Town Hall, Hove.

Present: Bryan Turner (West Sussex HASC Chairman), Dr James Walsh (West Sussex HASC Vice-Chairman), Cllr Edward Belsey (West Sussex HASC), Cllr Colin Belsey (East Sussex HOSC Chair), Cllr Ruth O'Keefe (East Sussex HOSC Vice-Chair), Cllr Johanna Howell (East Sussex HOSC), Cllr Kevin Allen (Brighton & Hove HOSC), Cllr Lizzie Dean (Brighton & Hove HOSC)

In Attendance: for BSUH - Lois Howell (Director of Clinical Governance) and Dominic Ford (Director of Corporate Affairs); Helena Cox (West Sussex County Council); Barbara Deacon (Brighton & Hove City Council) and Claire Lee (East Sussex County Council)

Absent: Cllr Dee Simson (Brighton & Hove HOSC Chairman)

Apologies: Giles Rossington (Brighton & Hove City Council)

Election of Chairman

1. The Working Group agreed that Cllr Simson should be the Chairman of Working Group and that Mr Turner would be Vice Chairman. In Cllr Simson's absence Mr Turner took the Chair.

Terms of Reference

2. The Working Group considered the draft terms of reference, which were agreed.

New Working Arrangements

3. Dominic Ford confirmed that Western Sussex Hospitals NHS Foundation Trust (WSHFT) Chief Executive and Chairman would become Chief Executive Officer and Chairman of BSUH respectively on 1 April 2017. This would initially be for a three year period, at the end of which the organisations may or may not come closer together. WSHFT senior leadership would also have a role at BSUH during the initial three years. There was a management agreement in place and the two trusts would remain separate organisations.

4. Questions/comments from members were as follows:

- It was asked how the leadership team from WSHFT would divide their time and what would be their remuneration? Members were informed that there were examples in the NHS where this arrangement had worked but there would be risks for both organisations. There would be a need for a strong second tier of management who would be more operational with the senior team taking a strategic approach across the two Trusts, particularly at WSHFT. Remuneration had not been disclosed as yet. Further to this it was asked if there was a 'strong second tier of management' already in place at WSHFT or whether recruitment would be needed. Members were informed that there were no details as yet.

- It was asked what monitoring arrangements were in place. The group was informed that the both Boards would monitor the arrangements post 1 April 2017. The composition of the BSUH board was yet to be confirmed, but there was felt to be a strong case for a separate team of Non-Executive Directors at BSUH.
- The group noted that Mr Turner and Dr Walsh were to meet with Marianne Griffiths.
- The Trust would be under considerable scrutiny by the Care Quality Commission (CQC) and NHS Improvement (NHSI) and were aware of the risks, particularly between now and April.
- The group agreed that they would receive a further update on the development of proposals and would continue to monitor as a group.

Sustainability and Transformation Plan (STP) – BSUH Plans for Winter

5. The group noted that BSUH plans for winter had been circulated with the Sussex and East Surrey STP submission. Members were advised that this appendix had been an early version of the plan and that there had been developments since then. A summary of the subsequent discussion is as follows:

- The Hospital at Home programme would see up to 20 patients treated at home who otherwise would have to stay in hospital. It was asked if this number was deliverable. Members were assured that clinicians had been consulted and the programme had been implemented from September, with 12 patients involved at present. It was acknowledged there were risks and members were concerned whether the programme was tried and tested enough. Community Trust nurses, trained at hospital level, were providing support to the programme, which is commissioned by BSUH and works under BSUH policy. Members emphasised the importance of continuity of staff involved in this programme and concern over the use of agency staff. It was asked if there would be capacity to increase numbers if successful but this would depend on identifying the right patients to be discharged.
- The number of delayed transfers of care (DTOC) was highlighted and members were assured that the Trust was working hard to engage with Clinical Commissioning Groups to try to increase community capacityand that NHSI were holding the Trust to account. Work was underway on a shared discharge team with a single trusted assessment. All providers agreed that a streamlined process was required.
- It was asked if the relocation of oncology and dementia beds to the Princess Royal Hospital (PRH), which was included in the original plan, was still going ahead. The conclusion had been that this would be disruptive to patients, carers and families, and not in their best interest so there were no plans to relocate those beds. The plan was to release internal capacity at Royal Sussex County Hospital (RSCH) and PRH, including a fully resourced discharge lounge at PRH, making it more efficient by including nurse led and physio led discharge. However, Albourne ward would still transfer from RSCH to PRH – this mainly affects orthopaedic surgery patients.
- In terms of recruitment, members were informed that a matron for Newhaven Downs was now in post and that the Chief Nurse was confident she would help with future recruitment. The Trust was also pursuing the

international recruitment of nurses. Work was also underway with the university to encourage people to come back to nursing.
- Members expressed concern about how achievable the figures associated with plans were.

6. It was agreed that the group be updated at its next meeting on progress of all plans discussed.

BSUH Quality and Safety Improvement

7. Lois Howell presented the slide pack to the group. Key points from the subsequent discussion included:

- Slides 3-9 showed highlight reports for the seven projects which formed the Quality and Safety Improvement Plan (QSIP), including everything that was a formal CQC requirement plus internally identified issues. The overall plan is substantial and aims to support the Trust moving forward in terms of quality and finance, so goes beyond a CQC action plan.
- More work was needed on staff engagement but there was current uncertainty with the involvement of WSHFT. There were a number of staff forums and members of the executive team were available to answer questions. There would be group meetings with WSHFT team including the front-line staff who work across the organisation. There had been roadshows for staff to understand what financial special measures actually means with input from staff into the financial improvement programme. There was an improvement academy for staff from all tiers to be involved in formal training. There was a project underway regarding the Urgent Care Pathway and staff were being encouraged to make a contribution to make things better. The group was assured that staff were being continuously developed and there were a considerable number of apprentices.
- Members queried the trajectory relating to the bereaved relatives survey on the experience project and this would be updated for the next meeting.
- Regarding governance, there was a concern at the numbers of appraisals undertaken, and the number had dipped prior to the CQC inspection.
- Lockable storage trollies were required and improvement in storage of and access to medical gases, but this needed to be considered in terms of what would be available in the new building.
- Members were assured that each project had a nominated lead and Lois Howell was responsible for the QSIP as a whole.
- Regarding patient safety, the A&E 4 hour wait figures were disappointing and there remained an issue of patients waiting in corridor areas which the Trust wanted to stop, although the facilities in this area had been improved. Progress had been made with patients no longer being transferred from A&E to the recovery department. The Alert system would be removed from PRH and the same system used at the RSCH would be adopted.
- Wards at the Jubilee building had been closed and moved to the temporary courtyard building as part of the 3Ts redevelopment.
- A spike in cancelled operations in October was disappointing. Members were informed that there had been a number of difficult days in the Trust recently and the most important thing was to keep people safe and

unfortunately this meant having to cancel elective cases. There had also been cases of norovirus recently.

- Members asked that the list of objectives in each project be presented in a different way as it was hard to read.
- Dropped calls for people ringing to make appointments should be monitored as this might be skewing appointment figures.
- Winter pressures may have an impact on the ability to release staff for training/appraisals. Members were assured that the Trust wwas reducing numbers of agency staff.
- More band 6 staff were required at Newhaven and it was understood that it is intended that the facility would remain open long term.
- Regarding a number of consultant vacancies in the emergency department, to ensure senior medical representation the Trust had created a clinical fellow role (fully qualified doctors but not yet consultants) which had reduced locum spend. Members were shown emergency prompt cards which had been developed by clinical fellows as an example of the quality and safety improvement projects on which the clinical fellows spend their non-clinical time.
- Regarding cancer performance, the Trust was improving against national standards but there was a backlog on 62 day performance. This was partly due to transfer to BSUH from other centres part way through the referral period.
- Mortality and infection control indicators remain good.
- The Trust was pleased with the reduction in 12 hour breaches. The escalation policy had been reviewed and revised.
- It was noted that Brighton & Hove HOSC Members would be visiting RSCH shortly.

8. CQC would be meeting the Trust on 6 December for a regular meeting. There would be a formal appraisal in January as to whether the warning notice could be lifted. A further formal inspection was expected in April at the earliest.

WORK PLANNING

9. The group agreed it should meet monthly around the publication of each QSIP update report, with a review of progress in March. Draft work programme as follows:

January	Latest QSIP update Progress of winter planning Emergency Department
February	Latest QSIP update Outpatients– including outpatient forum Working arrangements between WSHFT and BSUH Culture and Governance
March	Latest QSIP update Urgent Care Pathway developments Review of sub-group

10. It was agreed that officers would circulate a doodle poll to arrange future meetings of the group to be timed after monthly reporting of the QSIP.

South-East Coast Ambulance
Regional Scrutiny Sub-group
Terms of Reference

Purpose of the group

The regional sub-group will:

- monitor the development and progress of the NHS Improvement Plan for South-East Coast Ambulance (SECAmb) Trust;
- take into account the voice of local people (which may include consideration of feedback from local Healthwatch organisations) and seek to ensure that the needs of local people are integral to the improvements being designed and delivered by the Trust; and
- report back publicly to the relevant health scrutiny committees on a regular basis.

The regional sub-group will ensure that SECAmb is constructively challenged and supported by:

- reducing duplication through collaborative working
- scrutinising its delivery against the improvement plan
- contributing to the Quality Account for the Trust

The regional sub-group does not restrict or prevent the participating local authorities from separately exercising their health scrutiny powers as necessary.

Membership

The sub-group will be comprised of two representatives from each of the following health scrutiny committees:

- Brighton & Hove Health Overview & Scrutiny Committee
- East Sussex Health Overview and Scrutiny Committee
- Kent Health Overview and Scrutiny Committee
- Medway Health and Adult Social Care Overview and Scrutiny Committee
- Surrey Wellbeing and Health Scrutiny Board
- West Sussex Health and Adult Social Care Select Committee

Appointments and terminations will be made by each local authority in line with their own local procedures.

Members are expected to abide by the relevant local authority's code of conduct.

The sub-group will elect a Chairman.

Regularity of meetings, quorum and access to papers

The sub-group will meet once every two months. A quorum of half the membership of the sub-group will be required.

Papers will be made available at least five days prior to the meeting and these will be available to health scrutiny members from each participating local authority.

Out of scope

The sub-group will principally focus on the improvement plan for SECAmb.

Any substantial variation proposed by the Trust will need to be considered by the relevant health scrutiny committee(s), in line with national regulations and local processes.

Review

The regional sub-group will reviewing its purpose and activity after 6 months, with an extension of its activities after May 2017 requiring agreement of the health scrutiny committee chairmen.

It may be disbanded at any time by a simple majority vote of the members of the Group.

Representation on NHS Improvement monthly sessions

The six health scrutiny committees have been invited to nominate a representative to attend a monthly session chaired by NHS Improvement and attended by the Trust, CCGs, NHS England, CQC and a HealthWatch representative.

This representative will be selected by the sub-group and asked to report back regularly.

Officer support

SECAmb will organise the sub-group meetings, and ensure suitable representatives from the Trust attend.

Officer support will be provided on a rotational basis by the supporting officers of the relevant health scrutiny committees.

South-East Coast Ambulance Regional Scrutiny Sub-group 20 December 2016

Present:

Cllr Colin Belsey (East Sussex); Bryan Turner (West Sussex); Dr James Walsh (West Sussex); Mike Angell (Kent); Bill Chapman (Surrey); Dee Simson (Brighton & Hove); Claire Lee (Officer, East Sussex)

Notes: Andrew Spragg (Officer, Surrey)

SECAMB representative: Jon Amos, Interim Director of Strategy

Apologies: Bob Gardner (Surrey); Councillor David Wildey (Medway); Councillor David Royle (Medway); Cllr Ruth O'Keeffe (East Sussex); Dr Mike Eddy (Kent)

Key points raised during the discussion:

1. The Sub-group was informed that CQC would conduct an initial review in around April 2017 to establish progress against the "must do" actions identified in the September 2016 inspection report. The Trust expected good progress against these. The CQC would then conduct a further visit in around September 2017, and this would lead to a decision as to whether the Trust remained in special measures.

Strategy Refresh

2. The sub-group was given an update on the Trust's strategy refresh. It was noted that the existing strategy had been agreed over two years ago, and that the external environment had changed substantially in terms of blue-light collaboration, as well as the development of the Sustainability and Transformation Plans (STPs).
3. The sub-group raised queries as to the strategy's mention of growth and expansion. It was explained that this was built into the latter part of the strategy and would be a consideration in 3-5 years. JA highlighted that the Surrey Patient Transport Service contract would be coming to an end in March 2017, and that 111 services were seeing a number of developments. There was a question for the Trust about whether it pursued broader opportunities or sought to better align itself to its core activities.

4. The sub-group commented that there was a need to produce a patient centred strategy, JA acknowledged this a key component of the refreshed purpose and vision. It was outlined that the core strategy was dependent on a number of components, and JA highlighted workforce in particular as being integral to delivery. The sub-group was supportive of the focus on continuous improvement rather than broad innovation.

5. The sub-group was informed that the 999 control room had been bolstered with an additional support group of 15 clinicians. It was anticipated a second cohort would be recruited in the new year. JA highlighted that East Midlands Ambulance Trust were managing to resolve 15% of calls over the phone, comparatively SECAmb were managing 10%.

6. The sub-group discussed the three pilots in England regarding ambulance response standards and categorisation of calls. The changes proposed would see an increase in the number of calls rated immediately life-threatening (currently Red 1), seeing a change from 4% to 8% of all calls received. The next category would be rated as urgent and would see a longer response target introduced. It was noted that similar response standards were already in use in Scotland and Wales.

7. The sub-group was informed that the time-based target currently saw multiple resources dispatched to the same call, while the proposed extra time would enable the Trust to make an effort to ensure the right skill set was attending an incident. The national pilots were under review, and an announcement was expected in spring 2017 as to the outcome.

8. The sub-group discussed the role of technology in making productivity gains, and how systems could be developed to support first tier assessment in the 111 and 999 services, as well as improving hospital handover. It was also highlighted that the current commissioning arrangements paid per activity. There was one tariff for both see and treat, and see and convey. It was explained that the handover time taken to see and convey a patient to hospital incentivised SECAmb to see and treat at home.

9. JA highlighted that SECAmb was in the process of mapping out the referral pathways across Sussex, and would be conducting similar exercises in Kent and Surrey in the new year.

10. The sub-group was informed that SECAmb covered four Sustainability and Transformation Plans (STPs), and there were a number of questions arising as to how SECAmb aligned across the STPs. It was noted that the STPs were considered positive steps by the Trust, though it had created additional pressures in terms of the time taken to plan across the whole system.

11. It was noted that there were opportunities to work collaboratively, and share data across the system to improve patient outcomes. JA noted that the 111 service was good at capturing a level of granular detail in terms of contact data. It was also noted that SECAmb was undertaking work to look at how information was shared with primary care regarding patients with diabetes.

12. The sub-group was informed that there were technological barriers linked to information sharing across GPs and the wider health sector from SECAmb. Members asked whether the NHS had given a national view on inter-operability standards. JA confirmed that some work was being undertaken to develop these standards by NHS Digital, though it was highlighted that there was an additional layer of complexity in the fact that there were 10-12 digital footprints covering the south east. The sub-group was informed that many services ended up procuring the same systems, and that the national procurement framework was intended to encourage inter-operability between different software. It was noted, however, that different services had different requirements from the technology they procured, and that the current absence of a centralised solution meant that systems were being developed to suit operational needs.

Recovery plan

1. The sub-group was informed that the process to appoint a new Chief Executive was underway, though it was highlighted that the regulator expected the "must do" actions identified by CQC to have made significant progress by March 2017. The sub-group was informed that this would mean that any new appointment would be looking to address these short-term priorities before making any changes to the long-term strategy for the Trust.

2. JA highlighted that the plan would look at the operational model for the service as a means of addressing some of the identified concerns. This would see SECAmb adopting a business unit approach. It was noted that a new compliance and audit framework would enable the Trust to look at outcomes at the regional and business unit level.

3. The sub-group questioned how risk was monitored. It was confirmed that there was a new Trust Board assurance framework in place that ensured that the eight highest priority risks to the Trust were being reported to the Board regularly. In addition the Audit Committee also received the risk register.

4. JA highlighted that discussions were ongoing with commissioners about the achievability of the CQC "must-do" to meet national performance targets. The sub-group was informed that this could only be achievable with a significant increase in funding, and that difficulties in recruiting was also a barrier to

achieving this. It was noted that the Trust estimated it would require 400 extra staff to meet the targets.

5. The sub-group discussed funding. The Trust estimated it would spend £5 million on handover delays this year, and this was a 150% increase on last year. JA commented that the previous week had seen the most time lost in handover delays in the last four years.

6. The sub-group questioned how the “must-dos” and “should-dos” were prioritised, and JA demonstrated how these were mapped against an action plan.

7. JA informed the sub-group that 999 call answer times were showing a significant improvement. This was primarily about improvements in recruitment and retention of front-line call handlers.

8. The sub-group was informed that turnover had been at 100% over a year, though this was now showing signs of significant improvement. JA attributed these improvements to changes in the recruitment process, with additional competency tests, improved training and induction for new staff. It was noted that call centre environments often had high staff turnover (20-25%) due to the nature of the work. The sub-group asked whether it could be attributable to the workplace culture. JA expressed the view that it was not explicitly linked to the concerns about workplace culture identified through the CQC inspection. He reflected that the turnover rates had placed call centre staff under considerable pressure, and that this had a further detrimental impact on retention.

9. The sub-group discussed infection prevention and medicine management. It was noted that there was a need to have the correct policies and processes in place in order to set the right expectations of staff. JA highlighted that there was a need for the Trust to understand where poor practice was prevalent in geographical terms, in order to then address these concerns properly.

10. The sub-group was provided with information regarding the programme management structure, and how this aligned to five core recovery programmes. The sub-group raised questions about governance, and it was highlighted that individual non-executive directors were aligned to each of the five programmes.

11. The sub-group noted that there were a number of monitoring and oversight meetings, and commented that the impact this would have on delivery had previously been raised as a concern. JA commented that there was still a significant need to engage with partners in a way that added value, and that this would be subject to continuing review.

12. The sub-group discussed the challenge of raising performance while also trying to address cultural issues within the Trust. It was noted that there was a lot of work focussed on improving retention and improving communication to staff. JA highlighted that the number of whistle blowing and harassment incidents was showing signs of improvement.

13. The sub-group was informed that the Trust met regularly with CQC to explore progress, though there was a continued challenge in defining the specific expectations regarding progress following the inspection. It was noted that there were a number of actions that were dependent on the operational restructure into business units, which was planned in July 2017.

Winter Planning

1. The sub-group was informed that the winter planning for SECAmb was based on historic data regarding demand, and that these plans were able to flex according to additional demand. It was highlighted that there was a reliance on the whole health system maintaining equilibrium through winter, and that this would be where the pressures would emerge.

2. JA commented that data sharing between services had been good, highlighting that 40,000 care plans from primary care services had been shared with the Trust.

3. It was highlighted that changes in temperature caused the largest increases in demand, particularly in relation to those with respiratory complaints, stroke sufferers and cardiac issues. A question was raised as to whether NHS campaigns encouraging residents to access non-emergency services over the festive season had impacted on demand, JA expressed the view that there was no significant evidence to suggest that these campaigns had.

4. The sub-group discussed how SECAmb had identified 400 individuals that accounted for 4.5% of its current activity. There was also work underway to support facilities that made frequent calls to the Trust, such as school and nursing homes. This data was being explored in order to improve outcomes and reduce demand pressures.

Next steps

- JA to circulate winter plans
- The sub-group to meet in late February or early March 2017.
- SECAmb to share papers a week in advance of the next meeting.
- The next agenda to cover a review of progress, before focussing specifically on the work taken to address performance and improve clinical outcomes – JA to invite appropriate colleagues to attend.

Sustainability & Transformation Plan (STP) Scrutiny Working Group

Terms of Reference

Purpose of the group

The working group will:

- Seek to understand the STP process, particularly as it relates to the residents of Brighton & Hove;
- take into account the concerns of local people and stakeholder organisations (via Healthwatch Brighton & Hove);
- seek assurance that plans are in place to appropriately engage with and/or consult local people on the STP and its constituent plans and strategies;
- report back publicly to the health scrutiny committee on a regular basis.

Membership

The working will be comprised of representatives from each of the council's political groups and of the HOSC's co-optees from the Older People's Council, the Community & Voluntary Sector and Healthwatch Brighton & Hove.

Members are expected to abide by the BHCC code of conduct.

The working group will elect a Chair.

Regularity of meetings, quorum and access to papers

The working group will meet approximately once every two months. However there will be provision for urgent meetings to be called. Quorum is three members, unless members explicitly agree a lower figure in advance of a meeting.

Papers will be made available at least five days prior to the meeting.

Evidence-gathering meetings will be held in public unless members agree that a specific meeting should be in private. A note of each meeting will be circulated to members and will be included for reference in the public papers for the next HOSC meeting.

Review

The working group will review its purpose and activity after 6 months (June 2017).

The working group is an informal body and may not discharge statutory HOSC roles in relation to NHS plans to substantially vary or improve local NHS services. If at any point the HOSC is formally presented with STP plans of this nature, the committee shall consider at its next meeting whether to continue with the working group in additional to undertaking scrutiny of the STP at committee. The same shall apply should a formal Joint HOSC be formed either by agreement of HOSC within the STP footprint or at the behest of NHS organisations.

The working group may be disbanded at any time by a simple majority vote of the members of the group.

HOSC STP Working Group

Meeting Note: Friday 13 January 2017

Members Present:

Cllr Kevin Allen

Cllr Nick Taylor

Fran McCabe (Healthwatch)

Caroline Ridley (HOSC Community & Voluntary Sector representative)

Colin Vincent (Older People's Council)

Others:

Barbara Deacon and Giles Rossington (BHCC)

1 Election of a Chair

It was agreed that Cllr Allen should chair the working group.

2 To agree Terms of Reference (copy attached)

Members considered the draft Terms of Reference (ToR). It was agreed that the draft should be amended to make it clear that the default position for working group evidence-gathering meetings should be to meet in public. It was also agreed that there should be provision included to call urgent meetings as required. The draft ToR was approved with these additions.

3 Presentation on the STP: Barbara Deacon, Public Health Business Manager [BD].

BD presented a set of slides on the STP and there was a general discussion of key aspects of the STP programme.

4 Setting outcomes for the working group

It was agreed that the working group should seek to ensure that there is proper and timely engagement with local communities on STP plans, and that the nature of these plans is clearly explained.

5 Planning the working group – meetings, witnesses etc.

Members identified a number of thematic areas of particular importance and/or where there is a current lack of clarity. These will be priority areas for the working group. They are:

- Children and young people (relatively little reference to this group in the published STP documents)
- Primary Care – e.g. how achievable is the STP focus on primary care, particularly given issues regarding the sustainability of GP practices in the city?
- Equalities/Inequalities – e.g. why so little mention of this in the STP. How will STP plans ensure that health inequalities are not increased?
- Finance – what are the financial implications of the STP (particularly given that the published submission does not meet the requirement of bringing NHS services back into balance by 2022)? How achievable are STP financial targets?
- Engagement/consultation – what are the STP engagement and consultation plans with local residents, stakeholders and partners?
- Adult Social Care – does the STP properly acknowledge and address local ASC pressures and problems?

Members agreed that there first evidence-gathering meeting in public should provide a general introduction to the STP, and that subsequent meetings should focus on the themes outlined above.

The working group agreed that submissions from members of the public and organisations should be welcomed, and that a Press Release should accordingly be issued.

Meeting dates to be agreed outside the meeting and circulated.

HOSC 2016/17 Work Programme v8

1st February 2017

Issues	To invite
Still births and Multiple births	Public Health
6 month update on planning for GP sustainability – including data on impact of previous closures	CCG & NHSE
Patient Transport Services: update on the PTS situation to focus on the transfer of provider. Healthwatch will also present their findings on PTS	HWLH CCG/BH CCG/Healthwatch
Report Back on progress of joint BSUH quality improvement working group and on joint SECAmb quality improvement working group	Update from Chair

22nd March 2017

Issues	To invite
Diabetes	
Functional mental health and older people	

Patient Transport Services	High Weald Lewes Havens CCG/B&H CCG/Coperforma
Report Back on progress of joint BSUH quality improvement working group and on joint SECAmb quality improvement working group	Update from Chair
Adult Social Care – Introduction to the new Executive Director of Care & Health + information on ASC performance	Rob Persey
Update on dementia services i) Planned move back into single sex dementia beds for the acute in-patient service ii) Strategic approach, diagnosis & memory assessment iii)	ASC, CCG, SPFT
Mental health & delayed transfers of care	CCG/SPFT

Additional Issues TBC:

- Outpatients (if not a major part of CQC inspection report)
- MH pathways from diagnosis through treatment
- Access to information about city health and care services