

**Healthwatch Brighton and Hove Board of Directors meeting: 15<sup>th</sup> January 2024**  
**Public questions posed to the Board**

- 1. Following up from Mathew Weaver’s article in the Guardian 3rd Dec 2023 and the posting by Jeanette Whyman 13th July 2023, as a resident of the city, they make very difficult reading. Has Healthwatch carefully made a close detailed searching study of the claims made, in order to reassure residents they can have complete confidence in their hospital? This question does not relate to the police investigation”.**

<https://www.theguardian.com/society/2023/dec/03/nhs-trust-under-investigation-accused-of-hypocritical-email-to-staff>

<https://www.wrighthassall.co.uk/knowledge-base/cqc-rates-royal-sussex-county-hospital-inadequate-after-whistleblowing-claims>

We received clarification that this question relates to the following:

Thanks for getting back to me, with regards to the questions, they revolve around Healthwatch’s ‘scrutiny’ role and also their ‘confidence’ issues.....not with Healthwatch I might add, I am very impressed with the work you do , but the way healthcare in Brighton in general is progressing, there are quite a lot of specific questions I could ask , but feel rather than questions a positive outlook is required, I hope that answers your query, I look forward to seeing you on Monday.”

### **Response**

Thank you for your question. The links provided relate in part to the ongoing police investigation into deaths at the Trust, but also to recent CQC reports examining elements of care delivered at the Trust. In both cases, the concern expressed relates to the way in which the Trust supports staff to speak openly (whistleblow).

To start with, we believe it is helpful to reflect that our Trust was only formed in April 2021, following the merger of Brighton and Sussex University Hospitals NHS Trust with Western Sussex Hospitals NHS Foundation Trust, making it one of the UK’s newest and largest acute trusts, employing 20,000 staff across seven [hospitals](#) in Brighton & Hove and West Sussex.

In May 2023, the latest Care Quality Commission [report](#) rated care across the Trust as “outstanding”.

In June, the Louisa Martindale [opened](#), offering state of the art facilities and more bed-space. Healthwatch conducted a very positive Enter & View of the new Atrium in [November](#). This is the start of a 3-stage £500 million development of our local hospital and Stage 2 will see a new Cancer Centre open, which Healthwatch are already [supporting](#).

So, whilst there are unquestionably challenges facing our Trust, to say that everything is bad is unfair, particularly to those staff working hard every day to deliver good care to thousands of patients.

Healthwatch attends numerous city and Sussex-wide meetings. These give Healthwatch access to vital intelligence and data as well direct lines of communication with key decision makers i.e. those with the powers to effect change. Some of these meetings are dedicated to discussing patient safety and quality of care. We also meet regularly with our four local Trusts, the Care Quality Commission Healthwatch England and [Sussex Health and Care](#) (which is the name of our Integrated Care System). We ask questions, raise concerns and get answers. We also share with them patient stories to remind them who they are delivering services for.

Recent media attention about the Emergency Department (ED) at the Royal Sussex County has related to patients waiting in corridors, being treated and in some cases dying there. Staff have spoken out about it being the worst it has ever been. The Trust recently invited the Argus in to see the ED department which they subsequently reported on. In April 2022, the CQC [downgraded](#) the ED from "Good" to "Requires Improvement". Healthwatch has been highlighting concerns about the ED environment for several [years](#), most recently in April 2022, when we issued a report detailing examples of [patient experiences](#), that we shared with CQC. A £48 million investment will expand and improve the existing ED over the next four years and Healthwatch is part of the Trust's redevelopment stakeholder and engagement session. We have invited other local organisations to join us and so far we have attended two sessions and a report detailing our findings from the first event are available [here](#). Through our attendance at this group and our regular meetings with the Trust, we are monitoring plans to ensure that the new ED delivers a much better patient experience.

We are aware of the very sad death of Abigail Fowler Miller who died at the Royal Sussex County Hospital (RSCH), in January last year. An inquest found

her life would have been prolonged if her mother had been admitted to hospital sooner. Our local Trust said it had made "several improvements" since her death and had implemented a nationally-recommended triage process. [Earlier this month](#), England's healthcare regulator told BBC News that maternity units currently have the poorest safety ratings of any hospital service it inspects. In May 2023, Healthwatch undertook an [Enter and View](#) visit to the maternity ward at the Royal Sussex County Hospital, in partnership with Maternity Voices Partnership. This was an intentional visit following the CQC's [Maternity](#) report which rated maternity services as inadequate (from good). Our report's findings were positive but highlighted the importance of good communication between staff and new/expectant mothers. In, April, 2022, the CQC's revisit found the trust had complied with the terms of the warning notice. Healthwatch attends various meetings where maternity is discussed and monitors trends in data/performance.

With regards the ongoing police investigation, Healthwatch has published a statement on our website, and will update this as we are able to. Healthwatch cannot speak publicly about an ongoing police investigation but the three Healthwatch teams met with Dr George Findlay, CEO of the Trust on Friday 1<sup>st</sup> December to discuss recent media coverage and patient safety concerns. We are pleased that George has agreed to attend our January Board meeting to answer questions put to him by Board members.

Healthwatch has escalated the police investigation to Healthwatch England (HWE) and will continue to liaise with them. We are also continuing to monitor any patient enquiries we receive on patient safety, which so far have been very small in number. However, should volumes increase, we will escalate to NHS Sussex and liaise with the Trust as necessary. The January Health Overview Scrutiny Committee will have a presentation from the Trust, and our Healthwatch Chair will attend that meeting. The HOSC has legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. We will be asking questions.

**2. NHS Sussex Integrated Care Board have a statutory responsibility to make sure they do not overspend, they have capped money available to General Practices from now until the end of March, they are having to adjust services within this financial constraint ... have Healthwatch been included in this decision? Are patients aware that this is happening? Will these constraints continue into the new financial year?**

Healthwatch is aware of the changes to some Locally Commissioned Services in Sussex from our attendance at the system's Primary Care Commissioning Group which we attend by invitation but we do not have a role in the decision-making process itself.

The review was clinically and financially led by NHS Sussex teams to ensure the services which are important for patient safety and a critical part of a clinical pathway are able to continue.

For some of the services, we understand that NHS Sussex has asked practices to work with a financial budget that is in line with last year and so there has been no reduction in funding, however for some GP practices there may be higher demand than there was last year and this could mean that these patients may have to wait until the new financial year for the specific service or treatment. It is important to note that some practices will still be within their budget and so there will be no effect.

On the information we have received, we do not expect these decisions to affect the majority of patients and GPs are equipped with information to use in conversations with patients who are affected by having to wait longer or having to go be referred elsewhere to access specific services. NHS Sussex is engaging and will continue to engage with GP practices and address any concerns and questions they may have. The ICB will also continue to support patients to receive the best possible care, whilst working within our financial allocations.

NHS Sussex provided an update to share on the LCS review in Sussex (below).

Looking to next year, planning work is underway for the next financial year and NHS Sussex is working to ensure it best meets the needs of the population within the money available. Further consideration is taking

place in relation to Locally Commissioned Services for next year, and updates will be provided to NHS Sussex's Primary Care Commissioning Group of which Healthwatch is a member and we will ensure the feedback we received is shared in these discussions.

## **NHS Sussex**

### **Update on changes to some Locally Commissioned Services in Sussex**

GP practices are funded for their core services under the national general medical services (GMS) contract and locally, where it is determined that there is additional need for specific services, Integrated Care Boards can put in place Locally Commissioned Services (LCSS). These are funded separately and aim to respond to specific local needs. Locally Commissioned Services are not mandatory services and are not part of GP practices' main national contract. In the last year, Locally Commissioned Service activity in Sussex has significantly risen and this means the costs of these services has also increased. Predictions show that without any changes, these services would cost more money by the end of the year than has been budgeted for.

NHS Sussex has a statutory responsibility to ensure the local NHS does not overspend on its allocated funding and after conducting a thorough clinical review of the Locally Commissioned Services in Sussex, has made some changes to some specific services, so that we meet our budget this year.

Of the 85 services, 13 are affected, with individual changes to each service that ranges from capping activity for this financial year to offering an alternative service with a different provider outside of primary care.

It is important to be clear that this does not affect core services at any GP practice, and these remain available for patients across Sussex.

We recognise that this may have an impact on patients, with some patients waiting longer for a service or being directed to another provider, but everyone will receive advice directly for their personal circumstances and supported with any change to these services.

These are measures for this financial year to ensure NHS Sussex meets its statutory duty and we are currently in the planning process for 2024-25.

## Questions posed by Healthwatch to University Hospitals Sussex

### **A. Questions relating to the ongoing police investigation into patient deaths**

1. "Has the media coverage had any affect on DNAs for appointments?"
2. "What actions are the Trust taking to restore public faith and reassure them about the quality of care provided by the Trust?"
3. "What action is the Trust taking to bolster staff morale across the Trust in light of the negative media coverage?"

### **B. Questions relating to CQC inspections**

1. "Does the Trust have any indication of the outcome from the most recent CQC inspection, last August?"
2. "How confident is the Trust that it has fully responded to the actions falling out of recent CQC inspections? When will these actions be completed by?"

### **C. Question about treatment for stroke patients.**

The question was posed by Howard Lewis. Due to a potential conflict of interest with his role working for the General Medical Council

"This month it has been reported that national performance against key stroke treatment measures has nosedived, with patients in England waiting an average of almost seven hours to be admitted to a specialist unit in 2022-23, compared to three and a half hours in 2019-20. [NHSE](#) states that patients with acute stroke should be given access to a stroke unit within four hours. This was achieved in just 40 per cent of cases last year (2022-23), down from 61 per cent in 2018-19. Also, [NICE guidance](#) states that admission to a specialist unit from A&E needs to happen quickly and within a maximum of four hours after initial assessment. Analysis of national data shows that UHSX had the longest average waits for specialist beds last year, of more than 14 hours, with just 8 per cent of patients admitted within four.

I'd like Dr Findlay to explain how these poor wait times came about, what is being done to improve the situation and anything he can share about the impact on patients.