

Key Line of Enquiry	Impact Consequence Score	Score Summary	Supporting Evidence	Guidance
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<b>Additional Background information</b>		Both East Sussex Clinical Commissioning Group (CCG) and Sussex Partnership NHS Foundation Trust (the Trust) have understood for some time that existing mental health adult inpatient facilities in the Department of Psychiatry (currently on the site of Eastbourne District General Hospital) in Eastbourne are not fit-for-purpose.		
		40 beds out of a total of 54 beds of the inpatient services is currently provided in out-dated dormitory accommodation, lines of sight are considered to be poor, there is little therapeutic indoor or outdoor space and the building is inflexible.		
		There are currently 71 beds within dormitory accommodation in East Sussex which make up c75% of the beds available for working age and older adults. East Sussex is cited as being among the worst Trusts still maintaining dormitories in England. (insert reference).		
		Key Drivers: 1. There is a national, strategic imperative to eradicate dormitory accommodation in mental health units in England by 2024; and 2. SPFT is currently leasing the site from East Sussex Healthcare Trust (ESHT) but must leave by 2026 to enable the much larger Building for our Futures programme which is funded under the Health Infrastructure Plan.		
		The proposals are: • To move mental health inpatient services, which are currently provided at the Department of Psychiatry (DoP) in Eastbourne District General Hospital, to new facilities to be built in either Bexhill or Hailsham.		
		• these facilities would include 3 new 18-bed wards for adults and older people and be flexible enough to meet increased demand in the future		
		The expected benefits include: • enhance the safety, privacy and dignity of patients suffering with mental illness • improve the individual care that can be given to patients • enable patients to reduce the length of their stay in a facility resulting from more and better therapeutic intervention • improve patient safety, including better infection control • reduce in the risk of incidents involving patients or staff; and • provide a better, less stressful environment for staff		
		The plans do not impact on the clinical pathways in and out of the services. Acute mental inpatients services are		
		The proposals will now be subject to assurance by NHSE before a public consultation commences in the summer. This QIA is therefore more aspirational at this point and will be a live document throughout the development of the proposals over the next few years.		

<b>SAFETY</b>	4 Major Positive	This change is a like-for like replace of the Department of Psychiatry in terms of the number and mix of wards. However, the following positive impacts on safety will be gained.		
		<ul style="list-style-type: none"> <li>• Inpatients – better estate and moving to single gender will reduce the level of incidents, particularly mixed sex breaches</li> <li>• Moving from dormitory accommodation to individual rooms with en suite bathrooms will reduce the level of incidents, increasing privacy and safety</li> <li>• Reduce safeguarding incidences from improved lines of sight and an ability for more discreet observation of patients improving privacy and dignity.</li> <li>• Will ensure compliance with CQC standards and inspection requirements</li> </ul>		
		The service is wholly commissioned by East Sussex CCG and services is provided solely by Sussex Partnership Trust. There are no negative impacts on partner organisations and no aspects of shared risk.		
		The organisational duty to protect adults at risk will be unchanged or positive. There is no change proposed to the way that care is delivered. The physical changes will support the Trust duty by providing sufficient rooms for assessment, mental health tribunals and family and carer meetings. Digital technology will also play a positive role in ensuring our Trust duty is exercised.		
		The provision of single en suite rooms will improve infection control within the facilities as there will be greater separation between patients. There will also be sufficient and suitable staff space to enable donning and doffing and change over.		<ul style="list-style-type: none"> <li>• What is the impact on partner organisations and any aspect of shared risk?</li> <li>• Will this impact on the organisations duty to protect children, young people and adults at risk?</li> <li>• Impact on patient safety and preventable harm, e.g. level of incident reporting?</li> <li>• Will it affect the reliability of safety systems?</li> <li>• How will it impact on systems and a process for ensuring that the risk of healthcare acquired infections to patients is reduced?</li> </ul>

<b>EFFECTIVENESS</b>	5 Excellence	National best practice is that people should receive high-quality care close to home in the most appropriate place for their needs. National standards also state that if people need to be admitted for hospital care then they should be looked after in modern, high-quality wards that provide single-sex accommodation. East Sussex CCG and Sussex Partnership want everyone across East Sussex to benefit from safe, effective and high-quality mental health services whenever they need them and the ICS is committed to improving, extending and saving lives by focusing on keeping people healthier for longer and giving our local populations the right care, in the right place at the right time.		
		At the heart of this is a commitment to helping people stay in their own homes, supported by the best possible community care. The reorganisation of community services through the implementation of the Trust's new Community Mental Health Services Model should help enable the delivery of care in the least restrictive setting and should help prevent admissions to hospital. There will, however, always be a need to treat the most acute cases in an inpatient setting, if people do go to hospital then they should benefit from staying in safe, modern and secure environments which provide the highest quality care.		
		The inpatient facilities represent the outer ring of mental health care. New facilities will help to deliver the very best therapeutic care. The aim is for patient stays to be as short as possible, benefiting from intensive therapeutic interventions and supported by more and better community support. This will minimise lengths of stay and reduce re-admission. This means that the Trust will be able to support more people with the same/similar level of resourcing.		
		The new setting will be state-of-the art, high quality, modern and flexible. Its design will be clinically and operationally led to ensure, amongst other things, cost effective staffing. Additionally, the design will aim for the building to be a Net Zero Carbon and BREEAM Excellent meaning that sustainability will be at the heart of design reducing emissions and cutting operating cost.		
		A modern, bright and vibrant setting should improve staff recruitment and retention and underpins the Trust Organisational Strategy to ensure "People feel valued, supported and cared for".		
		The proposals do not impact on the patient care pathways. However, once admitted the patient experience from admission to discharge will be improved as the design will reflect and enable best practice.		
		There are no planned changes to the workforce in the proposal, the type and mix of staff will be the same.		
		There is a risk of staff attrition near to the time of occupation due to the change in location impacting on some staff's travel to work time. This will be mitigated by establishment of a strong staff communication plans and recruitment and retention plans to ensure that any potential loss of staff is understood early and rectification plans put in place. Staff turnover at the DoP is c10.66% (2019/20) so there is an expectation of some level of change within the current staff group between now and 2024. Recruitment in the interim will make it clear to new joiners that a change of location is planned.		<ul style="list-style-type: none"> <li>• How does it impact on implementation of evidence based practice?</li> <li>• Is there an impact on self-care for people with long term conditions?</li> <li>• Does it ensure that care is delivered in the most clinically and cost effective setting?</li> <li>• Is there effective use of all resources including budget, staff and estates (if relevant)</li> <li>• Does it lead to improvements in patient care pathways?</li> <li>• Is there an impact on workforce capability and capacity?</li> </ul>

<b>Experience</b>	5 Excellence	Patients and staff have been involved and engaged in the co-production of the proposals so far. This involvement and engagement will continue throughout including actively opportunities to participate in the design process. This means that the outcome will reflect what patients and staff would like to see within the new building and therefore how they will receive care and treatment.		
		Eradication of out of date dormitory accommodation with single en suite rooms will significantly improve the safety, privacy and dignity of patients suffering with mental illness. Eradication of dormitories is expected:		
		<ul style="list-style-type: none"> <li>□ improve the individual care that can be given to patients,</li> <li>□ enable patients to reduce the length of their stay in a facility,</li> <li>□ improve patient safety, including better infection control and a reduction in the risk of incidents involving patients or staff, and</li> <li>□ provide a better environment for our hardworking staff too</li> </ul>		
		This investment, provided by the Department of Health and Social Care, in our local health infrastructure will enable us to support the government's commitment to accelerate and level up access to mental health services, so that every inpatient can receive treatment in an appropriate setting.		
		As part of the Programme management there will be a comprehensive benefits realisation plan and post project evaluation in place at key time. The Benefits plan is currently been created and will be baselined and include metrics on patient experience. These two activities will ensure that feedback from patients/carers will impact on service improvement developments and will continue to be captured, assessed and any recommendation actioned.		<ul style="list-style-type: none"> <li>• How does the proposed service support both patients and staff to express their views and be actively involved in decisions about care and treatment?</li> <li>• How are patients privacy and dignity respected and promoted?</li> <li>• Evidence of effective systems for capturing patient and staff feedback about the service, e.g. via complaints, Friends and Family Test etc.</li> <li>• Evidence that feedback from patients/ carers impacts on service improvement developments</li> </ul>

<b>TOTAL SCORE</b>	14	Blue- No risk (score =>0) Green- low risk (score between -1 and -4) Yellow- Medium risk (score between -5 and -7) Pink- High Risk (score between -8 and -11) Red- Very High Risk (score =<12)		
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- 5 Catastrophic
- 4 Major Negative
- 3 Moderate Negative
- 2 Minor Negative
- 1 Negligible Negative
- 0 Neutral
- 1 Negligible Positive
- 2 Minor Positive
- 3 Moderate Positive
- 4 Major Positive
- 5 Excellence