

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,  
held in Committee Room 1, County Hall, Chelmsford on Thursday 4 April 2024  
at 10:30am**

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**Present**

Cllr Jeff Henry (Chairman)	Cllr Richard Moore
Cllr Dave Harris (Vice-Chairman)	Cllr Anthony McQuiggan
Cllr Paul Gadd	Cllr Daniel Land
Cllr Mike Steptoe (Vice-Chairman)	Cllr June Lumley (via Zoom)

**Apologies**

Sharon Westfield-de-Cortez	Cllr Ian Grundy
Cllr Paula Spenceley	Cllr Martin Foley

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The following officers were supporting the meeting:

- Emma Hunter, Senior Democratic Services Officer
- Emma Tombs, Democratic Services Manager
- Freddey Ayres, Democratic Services Officer

**1. Membership, apologies, and declarations**

Apologies were received from Sharon Westfield-de-Cortez, Cllr I Grundy, Cllr P Spenceley and Cllr M Foley. Cllr J Lumley joined via Zoom.

Cllr Henry declared that he was an ECC (Essex County Council) appointed governor at Mid and South Essex NHS Foundation Trust.

**2. Minutes of the Previous Meeting**

The minutes of the meeting held on Thursday 7 March 2024 were approved and signed as an accurate record.

**3. Questions from the public**

No questions from the public were received.

**4. Mid and South Essex NHS Foundation Trust Update**

The Chairman welcomed to the meeting:

- Laura Harding, Medical Director and Managing Director Broomfield
- Selina Dundas, Acting Chief People and Organisational Development Officer

The committee received the following update and responses to their questions:

- The Trust had been making good progress in terms of recruitment, retention, and the improvement of culture.
- The number of vacancies had reduced every month from July 2022. In July 2022, vacancies were at 15.6%, compared to 8.9% in March 2024. Nursing midwifery vacancies were down to 8.5%. This was against the backdrop of an

expanding establishment.

- There had been several key initiatives driving this, including running international nursing recruitment programmes, which had seen 360 nurses placed in 2023. Domestically, there had been regular monthly recruitment initiatives for nursing and midwifery.
- There was also a dedicated recruitment and retention project for Health Care Assistants, and 90% of the intake were new to healthcare. A new Health Care Assistant Academy had opened in South Essex which offered a dedicated training space to ensure new Health Care Assistants were prepared when starting in their roles.
- Medical vacancies were being targeted with a dedicated taskforce. This aimed to show Essex as an attractive place to work, as well as consider the job design of roles.
- Retention was down to 11.1% in March 2024. In particular, the turnover for midwifery had reduced.
- However, medical and dental turnover remained above target which was due to several factors. To target this, the Trust aimed to take the views and expertise of medical staff on board, performance manage those who needed it and reward those who went the extra mile.
- There had been an improvement in staff survey responses, including an increase in staff reporting that there was enough capacity and that they had good work life balance.
- The next steps would be to continue working on the seven priorities identified by the 2022 staff survey, including embedding a zero tolerance to bullying, harassment and discrimination.
- A new Leadership and Management behaviours framework was launched in February 2024 which aimed to make the quality of leadership more consistent.
- Work was being carried out to make improvements under each of the NHS People Promise areas. This was a nationwide initiative, and a People Promise Manager had been employed within the Trust. The Trust had been identified as an exemplar Trust under the People Promise.
- One initiative that had been introduced was breakfast with an executive, which took place in meeting rooms around the Trust. A rota system was in place for the executives. It was an informal opportunity for the Trust to listen to staff.
- Projections showed that there would likely be a decrease in the number of people enrolling into nursing. The Trust aimed to secure those who trained in the area, for example at Anglia Ruskin University, but did also have to recruit from overseas.
- There was an employee assistance helpline which including providing financial advice, and the Trust could ask Citizens Advice to come into the hospitals to take this further.
- There was some accommodation at Broomfield Hospital which was in high demand.
- As there was more than one hospital in the Trust, it was an attractive place to work due to increased opportunity.
- It was important to give staff a good leaving experience so that they could return in the future.

- Clinical teams were very engaged and wanted to be involved, however, capacity and time could be a barrier.
- There were dedicated recruitment methods for oncology, which had previously been an issue for recruitment. The response to Covid was clinically led which gave clinicians empowerment.
- An ageing population led to increased demand and cancer rates. Many cancer referrals were emergency referrals which put pressure on the hospitals. Earlier diagnosis would help with this.

## **5. Mid and South Essex NHS Foundation Trust Operation Update**

The Chairman welcomed to the meeting:

- Laura Harding, Medical Director and Managing Director Broomfield
- Selina Dundas, Acting Chief People and Organisational Development Officer

The committee received the following update and responses to their questions:

- There had been overall improvements in most areas. Urgent Emergency Care had been challenging, however, despite this, the four-hour standard had been improved up to 71%. The Planning Guidance had requested 78% in 2024/25.
- Staff were aiming to increase flow through the hospital, which was linked to ambulance handover times. As of the end of March 2024, 90% of ambulances were handed over within 30 minutes.
- The length of stay had also improved by 1.2 days throughout 2023/24, and the Trust aimed to improve this further. There was an average of 150 patients awaiting discharge. Improving this would help to free up space and have a positive impact on other areas as well.
- The target of faster diagnosis for cancer of 75% was not being reached by the Trust; Christmas and industrial action had had a negative impact on this.
- There had been an increase in referrals for breast cancer. As a result, the team were increasing their one-stop capacity.
- There had been good progress made with the backlog for skin cancer. This was partly due to community-based tele-dermatology which reduced referrals coming into the Trust.
- The Trust's theatres had increased efficiency, with 2,000 more cases performed in 2023/24 than in 2022/23.
- The Trust aimed to deliver 108% of the activity carried out in 2019/20 which would allow the Trust to deliver the 65 weeks wait target by September 2024.
- There was a financial deficit which had existed for a number of years. Approximately £2.1 billion was spent as a system each year. There had been substantial savings in 2023/24 which were driven by factors such as the Improving Value Programme, in which services were tasked with identifying savings. There would be a deficit in 2024/25 which needed to be addressed.
- There was a cancer tracking team which managed patients and their pathways. There was clinical oversight to ensure that urgent treatment was delivered.
- The national target for handing over a patient who had arrived at the hospital by ambulance was 15 minutes, and this was the target set by the East of England Ambulance Service NHS Trust. The target set by Mid and South NHS Foundation Trust was 30 minutes as this was being brought down incrementally.
- Several of the 100 patients who had been waiting more than 78 weeks by the end of March 2024 required specialist diagnostics or interventions that could

- not be provided by the Trust.
- Unplanned Care Coordination Hubs were services outside the hospital that could find an alternative way of managing a patient's unplanned care.
- The new orthopaedic centre in Colchester would provide some patients with more choice.

## **6. East of England Ambulance Service NHS Trust**

The Chairman welcomed to the meeting:

- Tom Abell, Chief Executive, EEAST

The committee received the following update and responses to their questions:

- There was approximately 10% more frontline clinicians and 12% more ambulances on the road in March 2024 than in March 2023.
- Category 1 response time was down by 15% and the Category 2 response time had been almost halved between March 2023 and March 2024. The category was applied by call handlers using an algorithm. Category 1 was for the most life-threatening situations, and the national target for this was a 7-minute response time. Category 2 calls were less life threatening, and they had a 30-minute target response time.
- The Trust had worked with partner organisations to make the best use of resources available and address response times in rural parts of the region.
- There were two teams of Community Wellbeing Officers appointed by the Fire Service, who had been trained to respond on behalf of the ambulance service to some patients. They also carried out health and safety checks. Whilst this was still in the pilot phase, anecdotal evidence reported that it had been successful. There were 18 stations across the East of England which could respond, and this was done on a voluntary opt-in basis. The Trust would provide additional detail on which of these were in Essex.
- Community First Responders had been given additional training and equipment, and their scope had been extended. There were two Community First Responder cars in Essex, one based out of Chelmsford and one out of Colchester.
- There were also advanced practice cars, with advanced paramedics who could provide further intervention. There was one of these in each of the ICS geographies. Further training to increase advanced practitioner capacity was underway.
- The Trust was the most improved ambulance service in the NHS Staff Survey for two years running, and this change in culture was having a positive impact on sickness and turnover of staff.
- Four of the seven conditions the Care Quality Commission placed on the Trust in 2019 had been closed. The remaining three outstanding were:
  1. Oversight of private ambulance services, for which the Trust were putting together an evidence pack for the CQC.
  2. A need to improve culture, for which the Trust had been gathering evidence, including a recent staff survey.
  3. Security of controlled drugs and medicines management conditions, which required working with estates, and the required evidence was being put together.

- The Trust planned to increase resourcing by 7% in 2024-25 to meet the capacity gap. It aimed to reduce C1 response times to 7 minutes, and C2 to 30 minutes, in line with national guidance from the NHS.
- It also aimed to continue enhancing triage in control centres, including the use of alternative pathways.
- The Trust was looking to focus on outcomes in addition to response times. Specifically, this would focus on out of hospital cardiac arrests and falls.
- The Trust would be introducing 90 new vehicles, and approximately 160 Fiat ambulances would be replaced. Feedback from staff suggested that the new vehicles would be more workable.
- There had previously been a move to standardise the ambulance fleet, which had identified the Fiat as the national standard. Since then, there had been moves towards a national specification which gave the flexibility of choice back to ambulance services. Having diversification was helpful in overcoming supply chain challenges for parts.
- The new vehicles had lower carbon emissions. Three electric ambulances were going to be trialled by the Trust. 20% of the replacement fleet of cars would be electric, and they would be based in urban areas where their range would be sufficient.
- An additional battery would be installed in electric ambulances to power the kit whilst the vehicle was not running, and the charging could be made to work around the existing lunch and break schedule. Some estates upgrade work would be required to install the rapid charging infrastructure.
- Members requested that in future reports, all hospitals that serve Essex residents be included, rather than only those geographically in Essex.
- The increase in resources in 2023-24 was due to additional funding that had been secured, and a reduction in sickness had made a significant impact. There had also been an increase in internal efficiency and productivity.
- Work was ongoing on hospital specific handover targets. The Trust was working with the individual hospitals to identify these targets. Working on alternative pathways would also assist with meeting targets.
- The Community First Responders had access to raiser chairs which could lift patients without manual handling.
- An unmet care needs team had recently been launched, with the aim of identifying individuals whose care needs were not being met, and work to positively change this.
- The Trust had recently become involved in the planning process, particularly with regard to Section 106 funding.

Following discussion, the committee **resolved** the following actions:

- A note to be circulated detailing which Fire Stations in Essex had opted in to the Community Wellbeing officer scheme.
- A note to be circulated detailing the handover times for Addenbrookes hospital.

## 7. Chairman's Report – April 2024

Members noted the report.

Transfer North-East Essex Community Services

The Chairman advised the Committee of a small subcontract change taking place in the North-East Essex Community Services division at East Suffolk and North Essex NHS Foundation Trust. This was to a non-NHS provider.

The Chairman advised that, from 2 April 2024, the North-East Essex Community Services community nursing night service would be provided by St. Helena Hospice instead of ESNEFT. This community service included support for blocked catheters and end of life care.

Both ESNEFT and St Helena Hospice had been delivering for some time and this transition would help to reduce duplication of care. The three nursing roles would transition from ESNEFT to the St Helena Hospice team. This meant that there was one contact point and one team for patients which would improve access to night services.

Management teams were working together to ensure that the transfer happened smoothly, and patients would not see any change to how they are treated.

The transfer was taking place under Transfer of Undertakings (Protection of Employment) known as TUPE regulations. TUPE ensured that no staff would be made redundant because of this transfer, and their terms and conditions of employment would remain.

#### Public consultation on community-based health services

The Chairman outline that officers had been notified that the Mid and South Essex ICS were planning to extend the public consultation on community-based health services. The consultation would conclude on 4 April 2024 instead of 21 March 2024.

### **8. Member Updates – April 2024**

Members noted the report.

#### HOSC visit to the Essex and Suffolk Elective Orthopaedic Centre at Colchester Hospital

Cllr Harris provided a summary of the tour of the new Essex and Suffolk Elective Orthopaedic Centre which took place on 13 March 2024.

#### Health related Section 106 Working Group

Cllr Steptoe provided an update of the Section 106 Working Group. The group had identified further areas which they wished to look into, including discussions with the relevant ICS's, Chelmsford City Council and Rochford District Council. As a result, the presentation of the final report had been moved back on the Committee's work programme.

### **9. Work Programme – April 2024**

The committee noted the current work programme.

The Committee requested that the funding status and stream for Princess Alexandra Hospital be included in the report brought to Committee in May 2024.

The Committee requested that a written report be brought in October 2024 from Colchester Hospital, to update members following their recent visit.

**10. Date of Next Meeting**

To note that the next meeting will be held on Wednesday 8 May 2024 at 10:30am in Committee Room 1, County Hall.

**11. Urgent Business**

No urgent business has been received.

**12. Urgent Exempt Business**

No urgent exempt business has been received.

The meeting closed at 13:17pm.

**Chairman**