



Essex County Council

# Health Overview Policy and Scrutiny Committee

10:30	Wednesday, 08 May 2024	Committee Room 1 County Hall, Chelmsford, CM1 1QH
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**For information about the meeting please ask for:**

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		Pages
**	<b>Private pre-meeting</b> For committee members only, to be held in Committee Room 1 at 9:30am.	
1	<b>Apologies, Substitutions and Declarations of Interest</b> To be reported by the Democratic Services Officer.	5 - 5
2	<b>Minutes of previous meeting</b> To note and approve the minutes of the meeting held on Thursday 4 April 2024.	6 - 13
3	<b>Questions from the public</b> A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.	

If you would like to ask a question at this meeting, please email [democratic.services@essex.gov.uk](mailto:democratic.services@essex.gov.uk) by 12 noon the day before (Tuesday 7 May 2024).

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|-----------|---|----------------|
| <b>4</b>  | <b>Princess Alexandra Hospital – new hospital update</b><br>To receive an update from the Princess Alexandra Hospital NHS Trust.  | <b>14 - 16</b> |
| <b>5</b>  | <b>Mid and South Essex NHS Foundation Trust monthly update</b><br>To receive a monthly update from the Mid and South Essex NHS Foundation Trust.  | <b>17 - 20</b> |
| <b>6</b>  | <b>Maternity Services</b><br>To receive an update on maternity services covering the five acute hospitals in Essex.   | <b>21 - 32</b> |
| <b>7</b>  | <b>Chairman's Report - May 2024</b><br>To note.   | <b>33 - 33</b> |
| <b>8</b>  | <b>Member Updates - May 2024</b><br>To note any updates of the committee.   | <b>34 - 34</b> |
| <b>9</b>  | <b>Work Programme - May 2024</b><br>To note the committee's current work programme.   | <b>35 - 38</b> |
| <b>10</b> | <b>Date of Next Meeting</b><br>To note that the next meeting will be held on Thursday 6 June 2024, in Committee Room 1, County Hall.  |                |
| <b>11</b> | <b>Urgent Business</b><br>To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency. |                |

### **Exempt Items**

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

**That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.**

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**Urgent Exempt Business**

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

**Agenda Item 1**

<b>Report title:</b> Membership, Apologies, Substitutions and Declarations of Interest	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 8 May 2024	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Emma Hunter, Senior Democratic Services Officer – <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

**Recommendations:**

To note:

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

**Membership**

(Quorum: 4)

Councillor Jeff Henry	Chairman
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Ian Grundy	
Councillor Dave Harris	Vice-Chairman
Councillor Daniel Land	
Councillor June Lumley	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Mike Steptoe	Vice-Chairman

**Co-opted Non-Voting Membership**

Councillor Stacy Seales	Harlow Council
Councillor Paula Spenceley	Maldon District Council

**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**

Health Overview Policy and Scrutiny Committee – Matters Arising as of 29 April 2024

Date	Agenda Item	Action	Status
March 2024	EPUT Adult Mental Health Services	Confirmation of CQC Action Plan completion date to be confirmed	Officers will follow up with EPUT
March 2024	EPUT Adult Mental Health Services	Provide more detail on apprenticeship schemes, broken down into age range, job role and qualifications obtained	Officers will follow up with EPUT
March 2024	Mid and South Essex NHS Foundation Trust	Vacancy rate data specifically or MSEFT to be provided	Officers will follow up with MSEFT
March 2024	Mid and South Essex NHS Foundation Trust	More detail on the issues around recruiting oncology consultants specifically at Southend hospital	Officers will follow up with MSEFT
April 2024	East of England Ambulance Service NHS Trust	Note to be circulated detailing which Fire Stations in Essex had opted in to the Community Wellbeing officer scheme	Officers will follow up with EEAST
April 2024	East of England Ambulance Service NHS Trust	Note to be circulated detailing the handover times for Addenbrookes Hospital	Officers will follow up with EEAST

<b>Report title:</b> Princess Alexandra Hospital – new hospital update	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Michael Meredith, Director of Strategy PAHT	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Emma Hunter, Senior Democratic Services Manager ( <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

1.1 HOSC members will be aware that the Princess Alexandra Hospital NHS Trust (PAHT) continues to seek to secure funding to deliver a new hospital. The current facilities are not fit for purpose, provide a sub-optimal environment for patients and inhibit the delivery of safe, high quality and responsive care both now and in the future. Investment to improve the estate and support the delivery of a best practice clinical care model is urgently required.

1.2 Our objectives have not changed, the delivery of the new hospital PAHT plans to:

- work in partnership with primary, community, social care and voluntary sector colleagues to create joined up models of care that work across organisational boundaries
- provide sufficient capacity for future needs, taking into account population growth and new service models and building in flexibility for the future.
- strengthen team-working and learning opportunities by grouping together linked clinical services
- harness the latest technology and be among the most digitally advanced hospitals in the UK
- provide more streamlined ‘one stop’ clinics that save patients time and support faster diagnosis
- offer staff a far better experience than is possible from the current site
- use the latest design to reduce environmental impact and contribute towards meeting the NHS net zero carbon target
- work with partners to improve public transport access to the hospital
- create new facilities in areas of urban regeneration and play a big part in strengthening local economies through employment opportunities

1.3 This paper provides an update on progress with local plans, in the context of the national New Hospital Programme.

## 2. Action required

- 2.1 HOSC members are asked to note this update and to continue to support PAHT with the development of its plans for a much-needed new hospital.

### **3. Background**

- 3.1 Unfortunately, as at our previous updates to meetings of the HOSC, PAHT delays and uncertainty within the New Hospital Programme at a national level is leading to delays with the delivery of the new hospital.
- 3.2 However, PAHT remained fully committed to pushing forward with its redevelopment plan as rapidly as possible, ensuring that the Trust is in the best possible position to make progress as soon as the national issues begin to unlock.

### **4. New Hospital Update**

- 4.1 The New Hospital Programme (NHP) has submitted their Programme Business case to the Investment Committee. This case contains all the proposed new hospitals that form the programme. Our understanding is that this will be approved at the end of May at which time we are expecting that the new hospital in Harlow will be able to proceed to the next stage.
- 4.2 PAHT has continued to prepare itself for the release of this approval so that it is able to proceed meaningfully to produce an addendum to the Strategic Outline Case, previously approved and then the Outline Business Case.
- 4.3 We are currently finalising the appointment of the team of consultants to support this important work in readiness for an announcement from NHS England.
- 4.4 Recruitment of key members of the PAHT's delivery team is well underway with 3 key appointments made in March/April 2024. Recruitment of 'Clinical Champions' within PAHT's internal team will commence in May so that the redesign of our clinical models can begin.
- 4.5 We continue to negotiate with the landowner at Junction 7a of the M11 to purchase a site for the new hospital, however, this is proving challenging to conclude.
- 4.6 At present it is not possible to give a firmer indication of the timeline for the opening of the new hospital. PAHT is continuing to work in line with the Government's commitment to have all current New Hospital Programme schemes operational by 2030, however, realistically we believe that 2032 is more achievable.
- 4.7 We received a small amount of development funding which facilitates the land negotiation and the ability to continue refinement of the new models of care.
- 4.8 PAHT has remained actively involved in the centralised approach, working with NHP so that the new PAHT hospital will fully benefit from the programmatic approach being driven by central Government and the national NHP team. These benefits are to include a reduction in the overall time taken to build the

hospital and will provide better value for money for the taxpayer.

## **5. Designs for the new hospital**

- 5.1 As previously mentioned, one element of the centralised approach currently being developed by NHP is a set of standard designs, 'Hospital 1.0' has now become 'Hospital 2.0' and is due to be released to PAH and others in the programme at the end of May. We await this information as it will be key to taking forward our own plans.
- 5.2 The timeline to submit a planning application is both dependant on the volume of changes required to our own designs to meet the requirements of Hospital 2.0 and the acquisition of a site. Therefore, based on what is currently understood it is likely that a planning application will be made in 2025.

## **6. Next Steps**

- 6.1 PAHT will continue to work closely with NHP on the standard design and procurement strategy.
- 6.2 It is proposed a further update is presented to the HOSC early in 2026.



<b>Report title:</b> Mid and South Essex NHS Foundation Trust update	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Mid and South Essex NHS Foundation Trust	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Freddey Ayres, Democratic Services Officer ( <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

Mid and South Essex NHS Foundation Trust has three strategic goals, focused on quality of care, equity for our population and opportunities for our people. We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.

In this report to the Committee, the Trust presents updates on planned improvements and operational data.

## 2. Action required

To note the contents of the report.

## 3. Operational update from the Trust

### 3.1 Urgent and emergency care

- The Trust continues to see large number of patients arriving at its three emergency departments (EDs). Work is underway to meet the national target of delivering 78% four-hour performance by March 2025.
- Across all the Trust's EDs, performance was 71.2% in March, up from 68.1% in February.
- This was its best performance since April 2023, despite attendance in March being 10% above the average for the rest of the year.
- The Trust has in place a range of initiatives to improve urgent and emergency care delivery. There is an overall focus on alternative options for care in the community, such as the use of Unscheduled Care Coordination Hubs, as well a greater use of virtual wards.
- The Trust is also working to reduce the use of bank and agency for its medical staffing in the EDs, which will reduce expenditure and provide greater consistency.
- Measure taken at each hospital include:
  - Improving patient pathways in the ED at Basildon Hospital, especially for trauma, orthopaedics, surgery, and maternity care, so that each patient is placed in a bed suitable for their needs
  - Work is underway at Broomfield Hospital to improve processes for patients in the ED, who do not need a hospital bed, to discharge them more quickly. Staff are also identifying patients earlier with complex discharge needs
  - At Southend Hospital, there are initiatives to improve the use of same day emergency care unit, the clinical decisions unit, and acute medical unit by bringing urgent care

facilities physically closer, so that the right staff are concentrated in the best place.

### **3.2 Ambulance handovers**

- All three EDs of the Trust continue to see a substantial flow of patients
- Performance improved in March, when 84.2% of the ambulances were handed over in under 30 minutes, up from 83.2% in February; and 44.9% handed over in under 15 minutes, up from 41.9% in February.
- This improvement is despite ambulance arrivals being 7% higher compared to the rest of the year.
- The average time to handover a patient was 23 minutes in March, which was the best in the region. The East of England regional average was 33 minutes.
- We are reviewing our rapid assessment, treatment, and ambulance handovers processes, working with our system partners, and work to make better use of same day emergency care facilities will also help to reduce handover times.

### **3.3 Cancer performance**

- Improving cancer care performance continues to be a priority for the Trust.
- In February, 71.1% of patients were given their cancer diagnosis within 28 days – the faster diagnosis standard (FDS). This compares to 75.4% in the region, and was up from 59.9% in January.
- Breast cancer capacity remains a challenge for the Trust. Funding from the Cancer Alliance will continue in 2024/25 to bring in additional capacity, while the Trust will redirect referrals from Basildon to Southend Hospital where clinically appropriate.
- At the end of March, the Trust had 439 patients waiting over 62 days for treatment, which was better than its target of 475 patients. The year-end-position has been recognised by the region for its role in improving the national outlook.
- One of the more challenged cancers is urology. To improve performance, the Trust has taken initiatives including:
  - Use of a pathway analyser tool to identify delays in the pathway
  - Holding waiting list meetings three times a week, led by the director for outpatients, cancer, and Referral To Treatment access, to focus on the 62-day and 28-day faster diagnosis standards
  - Implementing learning from trusts known for best practice in faster diagnosis and backlog management around urology.

### **3.4 Elective care and actions to reduce waiting times**

- At the end of the 2023/24 financial year the Trust's waiting list stood at 163,214, around 15% lower than its peak in September 2023.
- The Trust has increased its validation team to remove old or outdated entries on the waiting list, such as when someone no longer needs a procedure, with an aim to reduce the total waiting list by 40,000 by March 2025.
- The number of patients waiting over 65 weeks for their treatment was 1,414.
- The number of patients waiting over 78 weeks for their treatment was 98. This included patients in need of oral surgery, the highly complex care involved in plastic surgery, as well as through patient choice or those unfit for treatment.
- In 2024/25 the Trust is aiming to virtually eliminate waits over 65 weeks by the end of September 2024, while it is focusing on eliminating 78-week waits by the end of June 2024. The trajectories that will guide plans to reduce these backlogs are being worked on.
- As outlined in the March 2024 report, these efforts will be supported by better and more efficient use of the Trust's theatres, new facilities including a surgical day unit at Southend and the cardiac catheter lab installed at the Essex Cardiothoracic Centre in 2023.

### **3.5 Discharges from hospital**

- In 2024/25 the Trust and system have a priority to further reduce length of stay to improve flow by increasing discharges to community capacity, including intermediate care beds and virtual wards.
- In March, 45.9% of patients stayed for more than seven days, which is an improvement from February's 47.8%. The proportion staying for over 14 days was 24.4%, the best performance in 2023/24 and in line with the region.
- The Integrated Discharge team are reviewing long length of stays and other relevant data to identify and prioritise medically optimised patients to be discharged so that they can go home or on to their next stage of care sooner.
- In March, there were 166 patients who had a delayed discharge, a reduction from 175 in February. The plan is to reduce this further in 2024/25.

### **3.6 Diagnostics**

- Delivering diagnostic tests within six weeks remains a priority. The Trust achieved this for 68.4% of patients in March, down from 72% in February.
- There has been considerable improvement in urodynamics, flexi sigmoidoscopy, and gastroscopy, while services including audiology, echocardiography and cystoscopy faced challenges due to increased demand and vacancies.
- Additional mobile capacity for CT and MRI scans has been added at Orsett and Braintree hospitals which is helping to reduce waiting lists, with 1,700 CT and 1,100 MRI scans per month. This is alongside extra third-party capacity for CT, MRI and ultrasound.
- Additional capacity for endoscopy is now available at Orsett Hospital, ahead of the opening of the community diagnostic centres (CDCs), which has helped to reduce the time for patients to receive diagnoses for suspected lower gastrointestinal cancer.
- The Ophthalmology Diagnostic Hub in Orsett continues to support access to faster diagnostics for people waiting for tests who are suspected of having glaucoma or medical retinal conditions. Since opening on 12 March, the clinic has seen 706 patients from across Essex. A further clinic is being planned for this summer in Tyler's Ride to support patients in that area of the county. These clinics help the Trust to reduce its waiting lists more quickly and provide a better patient experience.

## **4 System financial position**

- The Trust has been working to reduce its financial deficit against a challenging backdrop for some time. The system spends £2.1billion each year and runs one of the largest acute hospital trusts in the country.
- Despite making savings of £28million across three organisations this year, the Trust is still forecasting an overall deficit of £29.7million (after using £89million of non-recurrent funding during 2023/24). In the absence of non-recurrent funding the Trust anticipates the deficit rising to around £102million at the end of 2024/25, after the delivery of further stretching saving opportunities.
- NHS England - recognising the challenges that the system faces - have moved the Mid and South Essex Integrated Care System into segment 4 of the National Oversight Framework.
- The Trust has developed detailed plans to improve value, building on existing programmes of work, recognising that it needs to go further and faster than before to significantly improve its financial position over the next 12 months.

- As well as on-going work to reduce length of stay and temporary staffing costs, the Trust has also worked up a raft of other schemes including:
  - Over-performing against its elective recovery target, with increased theatre utilisation
  - Closing escalation beds over the summer months by reducing unnecessary admissions
  - Looking at staffing models with a view to reducing the overall headcount by 600.
- Working more efficiently also leads to better patient care, and any action that is taken will need to be sustainable and drive improvement clinically – not just financially.

## **5 News and developments**

- Tackle the Tower, a charity Abseil challenge organised by Mid and South Essex Hospitals Charity will take place on Saturday 18 May at Southend Hospital. This annual event has taken place over the last nine years and seen more than 500 adventure-seekers collectively raising over £200,000. For further information and to register: [www.msehospitalscharity.co.uk](http://www.msehospitalscharity.co.uk)
- The Arrhythmia team from the Essex Cardiothoracic Centre (CTC) at Basildon Hospital have won the Digital Innovation award at this year's Global Cardiovascular Awards. This recognises how they are helping patients from across mid and south Essex monitor their heart rhythm remotely using a mobile app called Fibrichck.
- A maternity bereavement team at Broomfield Hospital, known as The Blossom Team, were given the Bereavement Team of the Year at the Mariposa Awards for the compassionate care they provide to families experiencing baby loss. Individual members of the team were also celebrated with a special recognition award in the Compassionate Award, won by Max Ridley-Snell, a Specialist Bereavement Midwife, and another win for the Community Award by Julie Ellingford, the team's dedicated support group volunteer.

<b>Report title:</b> Maternity Services across the Essex ICS footprint	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Emma Hunter, Senior Democratic Services Officer ( <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a> )	
<b>County Divisions affected:</b> All	

# 1. Introduction

- 1.1 At its March 2024 meeting, the Health Overview Policy and Scrutiny Committee (HOSC) requested a general update on maternity services covering each of the five acute hospitals in Essex, which includes Broomfield Hospital, Basildon Hospital, Southend Hospital, Colchester Hospital and the Princess Alexandra Hospital in Harlow.

# 2. Action required

- 2.1 Members are asked to review the information and identify any potential follow-up scrutiny actions.

# 3. List of Appendices

- App A: Mid and South Essex NHS Foundation Trust (Broomfield, Chelmsford, Southend)
- App B: East Suffolk and North-East Essex NHS Foundation Trust (Colchester)
- App C: Princess Alexandra Hospital NHS Trust (Harlow)

<b>Report title:</b> Maternity Services - Mid and South Essex NHS Foundation Trust	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Mid and South Essex NHS Foundation Trust	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
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<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

Mid and South Essex NHS Foundation Trust has three strategic goals, focused on quality of care, equity for our population and opportunities for our people. We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.

In this report to the Committee, the Trust presents updates on planned improvements and operational data, as well as additional information about improvements to its cancer performance and waiting lists.

## 2. Action required

To note the contents of the report.

## 3. Update on Maternity Services from the Trust

- The Trust has been working to improve services for families across mid and south Essex. We have increased choice for mothers and birthing people and recruited more midwives to ensure we can provide safe and effective care.
- Midwife to Birth ratios are all within target for the month of March 2024.
- **Midwifery** turnover is continuing to show a positive reduction from a peak of 19.1% in July 2022 to significant low of 7.2% in March which has remained better than the Trust performance target for the last seven months.
- The 'Three-year delivery plan for maternity and neonatal services' [B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf \(england.nhs.uk\)](#) has been launched. This report combines themes from all maternity reviews to streamline improvement work within maternity units allowing Trusts to identify key areas of concerns within their units. The Trust is working on an action plan to deliver all the recommendations in the plan.
- The Trust reopened the William Julian Courtauld Unit at St Michael's Hospital in Braintree in October 2023 for intrapartum care. The unit is ideally placed to support women and families in the mid and north of our mid and south Essex geography. Feedback from the unit has been positive.
- As a Trust we are prioritising recruitment of our band 5 and band 6 midwives as they contribute to the majority of our maternity workforce. We are also focussed on recruiting

support workers and are working closely with the regional team to ensure we follow the National upskilling program for our band 2 midwifery support workers to help support our midwives and service users and their families. Our current maternity vacancy rate is 9% which is lower than the target rate of 11.5%. We have been on an improving trajectory since October 2023.

- We have a budgeted workforce of 779.35 staff and have 110.01 new starters in the pipeline. Our leavers are currently 43.49 so we are continuing to recruit more staff than are leaving currently.
- Included in our Maternity Improvement Plan is the maternity culture and leadership and workforce programme, which includes monthly multi-disciplinary team (MDT) professional behaviours workshops; this month has also included a preceptorship learning day exploring values and behaviours. We are determined to make our hospitals a great place to work and where people feel able to raise concerns and enjoy coming to work.

### **3.1 Number of births at the Trust**

In March 2024 there were 944 births across Mid and South Essex.

- Basildon - 331
- Broomfield - 327
- Southend - 286

## **4. Care Quality Commission**

Mid and South Essex NHS Foundation Trust has been working on a programme of improvement across its maternity services. In June 2022, the CQC inspected the three maternity services across Mid and South Essex NHS Foundation Trust's acute sites. In December 2022 the CQC rated the services as 'requires improvement'.

We have responded to the CQC actions, which were 'must do' and 'should do' and prioritised those we could quickly improve. There are currently 17 open CQC actions, 11 of these are in progress and 6 are complete awaiting sign off.

**4.1** The Trust has recently had an unannounced CQC inspection of Maternity services at all three sites on 25-27 March 2024. We will publish the findings when the report is published by the CQC.

## **5. Entonox and proactive monitoring**

In October 2022 we were made aware of high levels of nitrous oxide (Entonox) in the delivery rooms at Basildon Hospital. We took immediate action to ensure the unit was made safe for staff and at no point were families at any risk. We now have robust systems in place and are confident that nitrous oxide levels are well within the safe limits.

The Trust also committed to commissioning an independent investigation to fully understand what went wrong and how we could ensure that it doesn't happen again. The executive summary of this report was published in February 2024 and is available to read here: <https://www.mse.nhs.uk/latest-news/hospital-pledged-to-improve-working-environment-6929>

## **6. Documentary on midwives at Basildon Hospital**

The Trust has welcomed Firecracker Films in to shoot an eight-episode documentary with midwives at Basildon Hospital as they start off their careers in midwifery. The series, commissioned by UKTV and filmed by the makers of Emma Willis Delivering Babies, followed midwives as they did their exams, learnt their craft, supported women and birthing people and each other. The series will

shine a positive light on the real lives of midwives and hopefully encourage people thinking of becoming midwives, to start their careers in mid and south Essex. We expect the series to air in autumn this year.

## **7. Proposals on the changes to midwife led services at St Peter's**

The consultation, led by the Mid and South Essex Integrated Care Board closed in April and an independent research company is compiling the feedback. We know there has been huge strength of feeling around movement of in-patient births from St Peter's and we are considering all our options. Once a final decision is made, we'll ensure with maternity staff working in mid Essex and St Peter's and Maternity and Neonatal Voices Partnership are involved in shaping the service to meet the needs of those who are eligible for midwife led births across mid Essex. We are committed to keeping services in Maldon and surrounding areas.

## **8. Success stories**

The maternity bereavement team at Broomfield Hospital have been recognised for the compassionate care they give families experiencing baby loss after winning three prizes at a prestigious national baby loss awards. The group, known as The Blossom Team, were given the coveted title of Bereavement Team of the Year at the Mariposa Awards.

Individual members of the team were also celebrated with a special recognition award in the Compassionate Award, won by Max Ridley-Snell, a Specialist Bereavement Midwife, and another win for the Community Award by Julie Ellingford, the team's dedicated support group volunteer.



<b>Report title:</b> ESNEFT update on maternity services in north east Essex	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Amanda Price-Davey, Director of Midwifery	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
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<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

- 1.1 ESNEFT provides maternity services at Ipswich, Colchester and Clacton hospitals. We offer a range of consultant and midwifery-led services at all of our sites and facilitate the births of approximately 7,000 babies a year.
- 1.2 We are committed to improving quality and outcomes for the women, pregnant people and babies who access our services. To help us to better understand where we need to make improvements, we continue to use the 'Every Birth, Every Day' (EBED) programme.
- 1.3 The EBED programme focuses on delivering improvements identified by our staff, service users and through external reviews. Progress is monitored through an executive led meeting and attended by internal and external stakeholders.
- 1.4 ESNEFT's maternity service is also part of the 'Maternity Safety Support Programme' led by NHSE England, to help guide the continuous improvement of our services and development of our leadership team.
- 1.5 In section three we cover the various updates and developments that have come out of our programmes.

## 2. Background

- 2.1 At Colchester Hospital, the delivery suite is made up of eight birthing rooms with two fully equipped co-located obstetric theatres to support consultant-led care. We also offer a four- bed midwifery-led birthing unit for those wishing to access a midwifery led birth facility co-located to the consultant led unit. The maternity ward has 26 beds and accommodates both antenatal and postnatal women and birthing people.
- 2.2 Clacton Maternity unit, is a satellite maternity hub, offering antenatal clinic services for all women within the locality. Alongside this, there is also a standalone midwifery-led birthing unit, which offers two birthing rooms.

Immediate postnatal care is offered within this facility.

- 2.3 If ongoing care and support is required at the Clacton unit then the patient would be transferred to the maternity ward at Colchester.
- 2.4 In all localities (including Suffolk based), specialist antenatal clinics are provided for those who require enhanced or specialist support; such as women or pregnant people with diabetes, perinatal mental health illness or those who require enhanced fetal surveillance.
- 2.5 Ultrasound scanning is provided at Colchester Hospital and includes fetal medicine specialist services.

### **3. Update for north east Essex maternity services**

- 3.1 **Three year delivery plan:** Our action plan for Maternity and Neonatal services runs from 2023 to 2026, which uses NHS England actions for a national plan. It sets out how we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. Progress against the plan is tracked through our Divisional and Trust meetings, this allow us to review areas of strength and weaknesses, and to look at any barriers or risk with delivery elements of the plan.
- 3.2 **Maternity Strategy:** We have just completed the final draft of our strategy and it explains how care will be delivered for the next three years. The strategy outlines our key priorities and details what will be offered for each one with how we will measure ourselves, and how we will know when we have been successful.
- 3.3 **60 Steps to Safety Tool:** Is intended to provide support to maternity services so we can feel confident we are improving safety outcomes and the experiences for patients. It runs alongside the safety concerns identified in several high profile national midwifery reviews, and the three-year delivery plan for Maternity and Neonatal services. To complete the tool representatives from other clinical organisations review 60 areas (steps) and comment on how much of an open and honest culture that we have amongst our staff. A visit and report is planned for Ipswich hospital later this year.
- 3.4 **Maternity and Neonatal Voices Partnership (MNVP):** The partnership consists of women, pregnant people and their families who have had first-hand experience of local maternity and neonatal services. They share with commissioners and providers the views and ideas of service users to review, contribute and make improvements to the development of local maternity care. We have an MNVP at Ipswich working closely together to ensure maternity and neonatal services provide personalised, safe quality care. Across the last year the MNVP have formed part of the review teams completing 60 steps visits and using their local knowledge to support the service to improve.
- 3.5 **Maternity and Neonatal Safety Champions:** The role of the Champion is to develop strong partnerships across teams, promote professional cultures and ensure that mothers and babies continue to receive the safest care possible by

adopting best practice. The role is now well embedded in governance processes and the team meet monthly. They also have a regular walk-about to meet with staff and patients to discuss their experiences. We meet on a regular basis with wider stakeholders to discuss quality and safety in maternity services. We also monitor our quality improvement plan at this meeting.

- 3.6 **Rapid Quality Review (RQR):** The review is part of the national framework. Where there is deemed to be a safety concern, the recommendation is that a rapid quality review meeting is held. Our maternity services were escalated to enhanced surveillance in March 2023 following staff whistleblowing to NHSE and concerns raised during maternity safety visits by the regional NHSE maternity team and SNEE ICB. These concerns concerned culture, leadership, and governance arrangements. During November that year, a decision was made to resume routine surveillance for maternity services at ESNEFT.
- 3.7 **Perinatal Quad Work:** We have been participating in the Perinatal Safety Culture Programme. This is a National programme to understand how colleagues perceive the current culture. It guides us to create compassionate and inclusive working environments. This is an ongoing programme to improve relationships, culture and safety for all.
- 3.8 **Maternity Leadership and Training:** Most of our senior midwifery staff attending the Trust's Engaging Leader training programme, with junior colleagues being encouraged to attend the Emerging Leader training programme. Wellbeing Training for Managers is also currently being arranged for all Supervisors, Matrons and Managers to support staff with wellbeing in the workplace.

END

<b>Report title:</b> The Princess Alexandra Hospital NHS Trust update on maternity services	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
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<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
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<b>County Divisions affected:</b> Not applicable	

## 1 Introduction

The Princess Alexandra Hospital NHS Trust provides a full range of general acute, outpatient and diagnostic services at The Princess Alexandra Hospital in Harlow, the Herts and Essex Hospital in Bishop's Stortford, and St Margaret's Hospital in Epping.

- 1.1** We employ more than 4,000 staff and serve a local population of around 350,000 people living in west Essex and east Hertfordshire, centered on the M11 corridor and the towns of Harlow, Bishop's Stortford and Epping. Our extended catchment area incorporates a population of up to 500,000 and includes the areas of Hoddesdon, Cheshunt, and Broxbourne in Hertfordshire.



- 1.2** PAHT is part of NHS Hertfordshire and West Essex Integrated Care Board (ICB). We offer a range of consultant and midwifery-led services at all our sites and facilitate the births of approximately 3,600 babies a year at the Princess Alexandra Hospital and home birth service.

- 1.3** We are committed to improving quality and outcomes for the women, pregnant people and babies who access our services. To help us to better understand where we need to make improvements, we actively engage with our Maternity and Neonatal Voices Partnership to drive forward change collaboratively and ensure service user perspective is sought for all service development.

**1.4** PAHT's maternity service is also part of the 'Maternity Safety Support Programme' (MSSP) led by NHSE England, to help guide the continuous improvement of our services and development of our leadership team. The service entered the programme in 2020 after a CQC inspection rendered our service as Requires Improvement. This improvement journey has brought us to where we have now submitted a proposal to exit the MSSP which has been endorsed by the Trust, Herts and Essex Integrated Care Board and Local Maternity and Neonatal System. It is now going through the same process with the regional and national teams. The continued improvements (sustainability plan) will be monitored via the Divisional Board, Quality and Safety Committee with an exception report to Trust Board and the LMNS. The service has not been inspected by the CQC since 2021.

**1.5** The Maternity service continues to evolve with leaders and staff committed to a journey of continuous improvement and enhancing patient experience. Our achievements over the past 12 months include the following:

- Our Maternity Service scored highly in the 2023 NHS Maternity Survey, with service users reporting they were treated with dignity and respect.
- We have achieved Baby Friendly Initiative Gold Accreditation. We offer a tongue tie service within the Trust to support successful initiation of breastfeeding and utilise donor breastmilk to support sick and premature infants within our NICU.
- Our Bereavement service offers 7-day care to families affected by loss. Bereavement team Midwife Kate Boxall is the winner of the 'Midwife of the Year' award at the national Mariposa Awards
- Chief Midwifery Officer Silver Awards were presented during a visit to PAHT by the Chief Midwifery Officer for England, Kate Brintworth. Anna Croot, Fetal Monitoring Lead Midwife and Natasha McCormack, Healthy Lifestyles Midwife, were the recipients for the outstanding contributions they have made to the service.
- A number of Quality Improvement projects have been implemented to improve care. These include the use of Remifentanyl for pain relief in labour, the Periprem passport for neonatal care and the introduction of computerised antenatal Cardiotocography for monitoring fetal wellbeing during pregnancy.
- The implementation of the nationally recognised BSOTS triaging system into the Maternity Triage department. In addition, the gestation of women seen by the triage team has now extended to include women and birthing people between 16 weeks of pregnancy to 28 days postnatal.
- A strong professional midwifery advocate team supporting the Birth Reflections service and offering pastoral support to midwives.
- The introduction of additional support for families living in areas of deprivation, including pregnancy circles, a case loading team in the area of greatest deprivation and antenatal education and leaflets in a variety of languages. Listening events have been held in local faith groups to increase understanding of the views of the local population and increase service user engagement and support.
- A strong relationship with the Maternity and Neonatal Voices Partnership with a number of partnership working initiatives underway and service user input into trust meetings and senior leadership recruitment.
- An established Perinatal Pelvic health service with physiotherapist and midwifery support for women and birthing people

## **2 Background**

**2.1** At the Princess Alexandra Hospital NHS Trust (PAHT), the Child Health and Women's Services division provide both routine and emergency obstetric care. The service is part of an acute teaching hospital. There is a consultant-led high risk labour ward with nine delivery rooms. There are two maternity theatres with a three bedded recovery room. Elective caesarean sections are carried out in one of the labour ward theatres.

**2.2** Antenatal inpatient services include a fifteen bedded ward with one bereavement suite. The postnatal inpatient ward has twenty-two beds.

**2.3** There is a co-located birthing unit for low-risk women to access midwifery-led care. The birthing unit has three delivery rooms all with the provision for water births and there are eight post-natal beds. Infant feeding specialists and a maternity helpline are both located on the birthing unit.

**2.4** There is a Maternal and Fetal Assessment unit which is opened between 08.30 -20.30 7 days a week, and a Maternity Triage open 24 hours a day, 7 days a week.

**2.5** The Early Pregnancy Unit (EPU) is a Monday to Friday (9am – 4pm) service for all women up to 22 weeks pregnant; women are advised to attend Emergency Department (ED) outside of these hours. There is a lead consultant for the unit, two specialist nurses, an obstetrics and gynaecologist doctor and receptionist.

**2.6** Referral to EPU may come via GP, ED and midwives.

**2.7** Community midwifery comprises of 9 teams (1 x continuity of carer team, 7 traditional teams and a bookings team) working within the Princess Alexandra Hospital catchment. We cover a large area and have teams based in Harlow, Dunmow, Epping, Saffron Walden, Waltham Abbey, Loughton, and the surrounding areas. A full homebirth service is provided, and we have one community team providing continuity of midwifery care.

**2.8** Over a third of all women and people booked to birth at PAHT live outside of our catchment area in East Hertfordshire. This means that we work very closely with our neighbouring Trusts and provide cross-border working across our entire community patch. Our ambition is that all women and people that wish to birth with us have their entire pregnancy journey care provided by us. The collaborative working with our neighbours ensures a safe service for all the birthing people and their families.

## **3 Update for PAHT Maternity Services**

### **3.1 Three-year delivery plan**

Our 'sustainability plan' for Maternity and Neonatal services runs from 2023 to 2026, which uses NHS England actions for a national plan. It sets out how we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. Progress against the plan is tracked through our Divisional and Trust meetings, this allows us to review areas of strength and weaknesses, and to look at any barriers or risk with delivery elements of the plan.

### **3.2 Sixty (60) Steps to Safety Tool**

This is a regional tool that was developed by the East of England Maternity Team. The tool is intended to provide support to maternity services so we can feel confident we are improving safety outcomes and the experiences for patients. It runs alongside the safety concerns identified in several high-profile national midwifery reviews, and the three-year delivery plan for Maternity and Neonatal services. This tool forms part of the 'sustainability plan' that is continuously monitored at both Divisional and Trust Board level.

### **3.3 Maternity and Neonatal Voices Partnership (MNVP)**

An MNVP listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care. They share with commissioners and providers the views and ideas of service users to review, contribute and make improvements to the development of local maternity care. The MNVP at PAHT work closely together with the senior management team to ensure maternity and neonatal services provide personalised, safe quality care. Across the last year the MNVP have supported a number of service improvement initiatives, attended Trust Governance meetings and participated in the recruitment of senior leadership posts within the organisation.

### **3.4 Maternity and Neonatal Safety Champions**

Maternity and Neonatal Safety Champions have been introduced to work on a national, local and Trust level to promote a culture in which better care can be delivered to women, babies and their families which is safe, and evidence based. They have a central role in adopting best practice within the service. At PAHT the role is now well embedded in governance processes and the team meet monthly. Regular walkabouts are undertaken by the Safety Champions to meet with staff and patients to discuss their experiences. A report is presented to update wider stakeholders at the Trust Quality and Safety Committee

### **3.5 Patient Safety Incident Investigation (PSII) Process**

All incidents are initially reviewed weekdays by an MDT of senior clinicians. Any that require further information/investigation are escalated to the twice weekly Trust Incident Management Group (IMG) chaired by the Director of Clinical Quality Governance. This is where management of the incident is decided i.e., PSII declared. This is currently in a transition period with the implementation of the Patient Safety Incident Response Framework (PSIRF).

Further management and investigation are undertaken by the division. It is then approved and noted at Divisional Governance, Divisional Board, Patient Safety Group, then Quality and Safety Committee. Final oversight once complete is via Patient Safety Incident Assurance Panel, Trust Board, then the Local Maternity and Neonatal System.

Currently, the division is undertaking a review of the governance pathways and reporting structures, where identified we will further strengthen the existing system to ensure aligns with local and national governance objectives.

Further assurance is achieved though triangulation of outcomes from investigations; this includes those from complaints and legal cases. The quality improvement agenda continues and is monitored via the Women's Health Improvement Board and all the workstreams are tracked via the PM3 project management tool (online system).

### **3.6 Perinatal Quadrumvirate Work (maternity leadership):**

The MatNeo Collaborative culture survey results (SCORE Survey) were received by a senior team which included maternity leadership, and key PAHT staff which included the Chief Nurse in March 2024. This is the next part of the process of the nationwide Perinatal Safety Culture Programme which is to disseminate the survey results to staff via webinars. The Quadrumvirate which includes members from obstetrics, midwifery, neonates, and operations share an office and have weekly meetings. Part of their plan for this year is to lead on a 3- year strategy for maternity and neonatal services and co-produce a culture strategy which will bring elements of ongoing work in response to feedback from freedom to speak up sessions, staff survey, and other avenues. The quad is also conducting a governance overhaul with the Head of Maternity Governance and Assurance.

### **3.7 Equality Diversity and Inclusion**

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. Our EDI workstream is led by the Consultant Midwife, developing initiatives to promote equality, diversity and inclusivity across both staff and service user groups. Work is ongoing with the MNVP to hold listening events to understand the needs of the diverse local population and feedback from women and birthing people is used to identify areas for improvement. Data is captured that is pertinent to service users with protected characteristics e.g., black or reporting a disability, looking at outcomes and basing improvement programmes on the findings. Maternity services incorporate feedback from service users via complaints, PALS, national surveys, debrief clinics, and 15-steps walkabouts undertaken by the MNVP into quality improvement initiatives and service development.

### **3.8 Medical workforce**

Nationally it is acknowledged that there is a shortage of obstetric workforce.

There are 14 substantive consultants providing Obstetric Services at PAHT. The current consultant rota is 1:13 hot week for Labour Ward and 1:13 for on calls, as two consultants share one on call slot. A comprehensive provision of Obstetric Services is provided including fetal medicine, perinatal mental health, maternal medicine, and preterm birth specialist clinics. There are 90 hours of resident consultant presence covering the maternity service through the week, senior support for the acute areas of labour ward, maternity triage and maternity day assessment unit.

On the Middle grade rota there are currently 12 doctors covering a 1:7, two tier middle grade rota. This ensures that there are two middle grade (tier 2) doctors on site overnight.

Challenges include recruitment into vacancies, sickness, and retention.

### **3.9 Workforce - Midwifery and Support workers**

It has taken some time to reach the funded establishment agreed in 2022 post a staffing review by Birth Rate plus, the nationally agreed tool, and signed off by the PAHT Board. As of end of March 2024, there are 6.84wte (4.2% of funded establishment) midwifery vacancies overall and our focus is on recruiting and reducing vacancies for our Bands 2-4 support workers. The recruitment and retention plan for the latter group include a collaborative effort with nursing counterparts, a programme to support transition from Band 2 to 3, facilitating volunteers within maternity (as some then wish to work there), rolling adverts, and midwifery apprenticeships proposed for September 2024.

**END**



<b>Report title:</b> Chairman's Report	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 8 May 2024	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Emma Hunter, Senior Democratic Services Officer – <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

**1. Introduction**

- 1.1 This is the latest update reporting on discussions at HOSC Chairman's Forum meetings (Chairman, Vice Chairmen and Lead JHOSC Member).

**2. Action required**

- 2.1 The Committee is asked to consider this report and identify any issues arising.

**3. Background**

- 3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

**4. Update and Next Steps**

- 4.1 There are no updates to provide on this occasion.

**5. List of Appendices - none**

<b>Report title:</b> Member Updates	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 8 May 2024	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Emma Hunter, Senior Democratic Services Officer – <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

This is an opportunity for members to update the Committee  
(See Background below)

## 2. Action required

- 2.1 The Committee is asked to consider oral reports received and any issues arising.

## 3. Background

- 3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).
- 3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

## 4. Update and Next Steps

Oral updates to be given.

## 5. List of Appendices – none

<b>Report title:</b> Work Programme	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 8 May 2024	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Emma Hunter, Senior Democratic Services Officer – <a href="mailto:emma.hunter@essex.gov.uk">emma.hunter@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

- 1.1 The current work programme for the Committee is attached.

## 2. Action required

- 2.1 The Committee is asked:
- (i) to consider this report and work programme in the Appendix and any further development of amendments;
  - (ii) to discuss further suggestions for briefings/scrutiny work.

## 3. Background

### 3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

### 3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

## 4. Update and Next Steps

See Appendix.

## 5. List of Appendices - Work Programme overleaf

### Health Overview Policy and Scrutiny Committee Work Programme – May 2024

Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
<b>May 2024</b>				
May 2024	Maternity Services Update	Mid and South Essex NHS Foundation Trust, East Suffolk and North-East Essex NHS Foundation Trust, Princess Alexandra Hospital NHS Trust	A general update and overview of maternity services covering the Essex footprint	
May 2024	Princess Alexandra Hospital Redevelopment	<ul style="list-style-type: none"> <li>▪ Lance McCarthy, Chief Executive, PAH</li> </ul>	<p>To receive written update on the new hospital development, including:</p> <ul style="list-style-type: none"> <li>▪ Sharing detailed plans of new hospital site</li> <li>▪ Confirmation of date for planning application submission</li> </ul>	
May 2024	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	
<b>June 2024</b>				
June 2024	POD: Pharmacy Optometry Dentistry (NHS England)	TBC	<p>Number of private/NHS dentists</p> <p>Availability issues/solutions</p> <p>Delivering services in different ways</p>	

			How are allocations of services determined	
June 2024	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	
June 2024	Health Service Section 106 Working Group	Cllr Mike Steptoe, Lead Member of the Working Group	To receive the groups final report	

Items to be programmed				
Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
TBC	Healthy Weight Strategy	Adrian Coggins, Head of Wellbeing and Public Health	To consider the Healthy Weight Strategy	
TBC	Hospital Discharges and Adult Social Care	TBC	To receive an update on considered current trends and update on previous matters arising.	People and Families Policy and Scrutiny Committee
TBC	Autism Services		To provide a further update on Autism Services, both from an ECC and NHS perspective	
TBC	Linden Centre Inquiry – Essex Partnership University Foundation Trust	<ul style="list-style-type: none"> <li>Paul Scott, Chief Executive, EPUT</li> <li>Cllr John Spence, Cabinet Member for Adult Social Care and Health</li> </ul>	To review appropriate scrutiny once the inquiry has concluded.	

		<ul style="list-style-type: none"> <li>Nick Presmeg, Executive Director for Adult Social Care</li> </ul>		
TBC	NHS 111	TBC	To receive an update to include the impact of residents that are being referred to this service by GP practices	
TBC	Digitalisation of access to health	TBC	<p>What are possibilities</p> <p>How will it move health service forward</p> <p>Capturing patients who aren't digital yet</p> <p>Pros and cons</p> <p>Patient feedback – Healthwatch</p>	
TBC	Hospital Waiting Times	<ul style="list-style-type: none"> <li>Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB</li> <li>Ed Garratt, Chief Executive, Suffolk and North-East Essex ICB</li> </ul>	<p>Ambulance Waiting Times</p> <p>A&amp;E</p> <p>Elective surgeries (pre and post Covid)</p> <p>Referral delays</p> <p>Cancer services</p>	
TBC	Mid and South Essex NHS Foundation Trust	<ul style="list-style-type: none"> <li>Matthew Hopkins, Chief Executive</li> </ul>	To consider the KPI's used by the Trust and if these were fit for purpose	