Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 02 September 2021	Council Chamber County Hall, Chelmsford, CM1 1QH

For information about the meeting please ask for:
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		Pages
***	****Private pre-meeting for HOSC Members only**** To begin at 9:30am in the Council Chamber.	
1	**Membership, Apologies, Substitutions and Declarations of Interest** To be reported by the Democratic Services Manager.	5 - 5
2	**Appointment of Vice-Chairmen** To appoint two Vice-Chairmen to the committee.	
3	**Minutes - January 2021** To note and approve the minutes of the meeting held on 13 January 2021.	6 - 9

4	**Questions from the Public** 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. On arrival, and before the start of the meeting, please register with the Democratic Services Officer.	
5	**East Suffolk and North Essex NHS Foundation Trust – Maternity Services** Committee to receive report from ESNEFT following an unannounced Care Quality Commission inspection of maternity services at Colchester and Ipswich Hospitals in March and April 2021.	**10 - 34**
6	**Care Home Closures Research** Committee to receive a briefing on the research being undertaken by the University of Birmingham looking into the impact of care home closures.	**35 - 37**
7	**Establishment of JHOSC with London Borough of Waltham Forest and London Borough of Redbridge** Committee to nominate a representative to the newly formed JHOSC with London Borough of Waltham Forest and London Borough of Redbridge, to scrutinise the Whipps Cross Hospital development.	**38 - 49**
8	**East of England Ambulance Service Trust - response to HOSC letter** To note the response from the East of England Ambulance Service Trust following the committee's letter to them in February 2021, and to decide whether any future scrutiny is required.	**50 - 91**
9	**Work Programme - September 2021** To note the committee's Work Programme.	**92 - 94**
10	**Date of Next Meeting** To note that the next meeting will be held on Thursday 7 October 2021.	
11	**Urgent Business** 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.

12 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

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 September 2021	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer (jasmine.carswell@essex.gov.uk)	
County Divisions affected: 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 Mark Cory	
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Dave Harris	
Councillor June Lumley	
Councillor Luke Mackenzie	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Clive Souter	
Councillor Mike Steptoe	

Co-opted Non-Voting Membership

Councillor David Carter	Harlow District Council
Councillor Peter Tattersley	Braintree District Council
Councillor Carlie Mayes	Maldon District Council

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee, held virtually via video conference on Wednesday 13 January 2021 at 10:30am

Present

Cllr Jill Reeves (Chairman)	Cllr June Lumley
Cllr Anne Brown	Cllr Bob Massey
Cllr Jenny Chandler	Cllr Clive Souter
Cllr Tony Edwards	Cllr Mark Stephenson
Cllr Beverley Egan (Vice-Chairman)	Cllr Mike Steptoe
Cllr Dave Harris	Cllr Andy Wood (Vice-Chairman)

Other Members

Cllr John Baker	Cllr Mark Durham

Others present

Sharon Westfield de Cortez
(Healthwatch Essex)

The following officers were supporting the meeting:

Richard Buttress, Democratic Services Manager

Sophie Campion, Democratic Services Officer

1. **Membership, apologies and declarations**
   The Committee noted a change of membership from Maldon District Council. Cllr Brian Beale has replaced Cllr Michael Helm as its representative on the HOSC.

   No apologies for absence were received.

   The following Declarations of Interest were made:

Name	Interest
Cllr Anne Brown	Son is a surgeon at Southend University Hospital NHS Foundation Trust
Cllr Beverley Egan	Cousin is the Managing Director of the Basildon University Hospital

2. **Minutes of previous meeting**
   The minutes of the meeting held on Wednesday 2 December 2020 were approved by the committee as an accurate record.

3. **Questions from the public**

No questions from members of the public were received.

4. Autism Services

The Committee received report HOSC/01/21, comprising of an update on Autism Services across Essex. The Committee agreed on a scope that included referral and diagnosis times, transitions between children and adult services, the total number of people affected by Autism across Essex and the impact the Covid-19 pandemic has had specifically on Children's Autism Services.

The Committee received the following updates:

Chris Martin, Director of Strategic Commissioning and Policy (C&F) and Michelle Brown, Head of Strategic Commissioning and Policy, covering the following key issues:

- There is a wide array of partners across ECC and NHS. This is illustrative of the approach being taken across Essex to help people with autism
- It is recognised that within Essex, there is more work to be done on all elements of autism
- There is an Autism Board, which is chaired by Andrew Hensman
- Diagnostic pathways are helpful for young people and their families. The pathway itself does not lead to a wide offer of support. Help and support is the most important element
- Autism is a lifelong disability and affects how people communicate with the world
- Autism is a spectrum condition and the impact can range. Some may need 24-hour care and others may be less impacted
- All Age Autism Strategy was launched in April 2020 and has been endorsed by the Essex Health and Wellbeing Board. Essex wants to be recognised as an autism supportive County
- All Age Autism Joint Commissioner's Forum was established on diagnosis, assessment and support and includes colleagues from Southend and Thurrock
- There has been an increase in people seeking a diagnosis around autism
- ECC is working with each CCG colleague to arrange a longer-term joint service arrangement from April 2021 onwards
- Further work is being undertaken to align with the children's diagnosis pathway
- A Covid-19 autism survey was undertaken via the Essex All Age Autism Partnership; 88% of respondents indicated that disruption of routine was the main impact of the pandemic, followed by anxiety of the unknown and poor sleep. Positives were identified at not having to attend school
- Essex Wellbeing Services continues to provide support to Essex residents.

Ralph Holloway, Head of SEND Strategy and Innovations, covering the following key issues:

- There are currently 10,108 people with an EHCP in Essex, with over a third listing autism as their primary need

- ECC currently has 22,518 pupils receiving SEN support, with 9% having autism listed as their primary need
- Looking to build effective and positive relationships with schools
- Some schools do not always have an environment that is adaptive to those with autism needs
- New schools in Chelmsford and Witham are opening to support people with severe autism
- Are exploring options around future delivery to make sure there is an effective offer for children with autism in schools.

Eugene Staunton, Deputy Director Ipswich and East Suffolk CCG, covering the following key issues:

- Recently awarded contract to EPUT who will be picking up the contract from April 2021.

Hitesh Raval, Hertfordshire Partnership Foundation Trust, covering the following key issues:

- There have been fewer referrals than anticipated since March 2020
- Still able to carry out observational components of assessments, albeit mostly virtually. Some face to face assessments are being completed
- There is an average 10 month wait from assessment to assessment

Sharon Allison, Essex Partnership University NHS Foundation Trust, covering the following key issues:

- There has been an uptake of groups since March 2020
- They are looking at short-term and long-term plans
- It has been really useful to offer people virtual appointments and will look to continue this post Covid-19.

Sarah Garner, West Essex CCG, covering the following key issues:

- Following an Ofsted inspection there are a number of areas that needed to be improved
- A lot of work has progressed at pace since September 2020, including Journey of Autism Diagnosis and Early Support (JADES), which is a neurodevelopment transformation project and has been extended to 2020/21
- Some parents are still requesting face to face appointments
- Waiting time in West Essex is six weeks and eighteen weeks in Mid and South Essex and North East Essex. This is being monitored through joint commissioning work that is being undertaken with ECC
- Working on the development of MDT work streams in each quadrant.

During the discussion the following key points were noted:

- Currently it takes six weeks from referral to assessments, with most appointments virtual as families do not need to travel

- Waiting times depends on the needs, which can sometimes be up to 12 months
- It is not possible to provide a comparison on waiting times compared to other authorities, although waiting times are fairly comparable
- Schools receive a financial incentive from taking children who have an EHCP
- There are more children with special needs in mainstream schools than in special schools
- Adults who are diagnosed with autism are able to give a helpful insight into what life is like
- Quite often, parents with autistic children then realise they may have needs themselves and seek support.

After discussion, it was **Resolved** that:

i) The HOSC invited a further update on Autism Services, both adults and children's, in around six months' time.

5. Chairman's Report

The Committee noted report HOSC/02/21. Between this meeting and the previous HOSC meeting, no Chairman's Forum meetings were held and therefore no update was available.

6. Member Updates

The Committee considered and noted report HOSC/03/21.

7. Work Programme

The committee considered report HOSC/04/21 and the current work programme was noted by the committee.

8. Date of next meeting

To note that the next committee meeting is scheduled for Wednesday 10 February 2021 at 10:30am.

9. Urgent business

No urgent business was received.

10. Urgent exempt business

No urgent exempt business was received.

The meeting closed at 12:25pm.

Chairman

Reference Number: HOSC/02/21

Report title: East Suffolk and North Essex NHS Foundation Trust – Maternity Services	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 2 September 2021	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The Committee requested an update on how the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) is progressing with implementing the recommendations put forward by the Care Quality Commission (CQC) in March and April 2021.

2. Action required

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

3. Background

3.1 In March and April 2021, the CQC carried out an unannounced inspection of maternity services Colchester and Ipswich Hospitals.

3.2 ESNEFT were assessed as 'requires improvement' by the CQC and as a result, requested a number of measures be implemented.

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

Appendix A: Maternity services at ESNEFT
Appendix B: CQC Inspection Report

Maternity services at ESNEFT: update for Essex Health Overview Policy and Scrutiny Committee
2 September 2021

1. Introduction

1.1 Between 30 March and 7 April 2021 the Care Quality Commission (CQC) undertook unannounced inspections of East Suffolk and North Essex NHS Foundation Trust' (ESNEFT) maternity services at the two main units. Feedback included that there were no urgent concerns about the safety of women or their babies.

1.2 The full reports can be seen at:

Colchester Hospital https://api.cqc.org.uk/public/v1/reports/c12a4b80-6263-42f2-8c5d-336db4a3348d?20210621104708 (this has also been appended to this report)

1.3 The Trust's CQC rating for maternity services has changed from 'Good' to 'Requires Improvement'. There have been no restrictions placed on ESNEFT's CQC registration.

1.4 This report provides the Health Overview Policy and Scrutiny Committee with an outline of ESNEFT's approach to improving leadership and governance in maternity services and its response to the CQC report and the outcomes of the first meeting of the Programme Board.

2. Background and timeline to the CQC review

2.1 In January 2021, the ESNFT Trust Board approved an investment of £1.4 million in maternity staffing to bring the service into line with 'Birth Rate Plus' staffing ratios, as recommended by the NHSE/I national team. This was part of ongoing work to address existing challenges within Maternity with respect to leadership, culture and the consistent delivery of safe staffing. The Trust's lead CQC inspector had been routinely kept informed of this action by the Trust's Chief Nurse.

2.2 In February 2021, the East of England Regional Chief Midwife and Director of Nursing undertook a Quality Assurance visit. Their visit highlighted a number of issues and some key clinical pathways which required review. No safety concerns for women or their children were noted.

2.3 Also during February 2021, an independent review was commissioned by the Chief Nurse into the introduction of Continuity of Carer – a scheme that supports women to have continuity of the person looking after them throughout their pregnancy – and the associated staff consultation that was conducted to bring the scheme in at ESNEFT. The review had a specific focus on leadership, culture and staffing. The review was carried out by two independent reviewers, both experienced NHS managers who have both held head of midwifery posts. Following the review, the Chief Nurse recommended that the planned implementation should be placed on hold until assurance could be given that the workforce model was safe to support the transition.

2.4 Between the 30 March and 7 April 2021 the Care Quality Commission (CQC) undertook unannounced inspections of ESNEFT maternity services at the two main units. Feedback included there were no urgent concerns about the safety of people or their babies.

2.5 On 27 July 2021, the first monthly meeting of the ESNEFT Every Birth, Every Day programme board took place.

3. Addressing issues in Maternity

3.1 Maternity Safety Support Programme (MSSP)

3.1.1 The Trust has accepted the invitation to be on the Maternity Safety Support Programme by the Chief Midwifery Officer for England. The MSSP is led locally by a dedicated Maternity Improvement Advisor who works alongside the senior clinical team identifying additional support and drive the overall programme. As part of this, ESNEFT will also receive the support of a maternity obstetric improvement advisor.

3.1.2 The MSSP has a six-staged approach:

i. introduction
ii. implementation
iii. diagnostics
iv. improvement
v. sustainability
vi. exit from the programme.

3.1.3 The initial supportive site visit will take place at the beginning of September.

3.2 ‘Every Birth Every Day’ improvement programme

3.2.1 A improvement programme to support the delivery of priorities has begun, titled ‘Every Birth Every Day’. The programme will be chaired by the Chief Executive, supported by the Chief Nurse in his capacity as Maternity Board Level Safety Champion. Four workstreams will address organisational development, safety culture, governance, and staffing and workforce.

3.2.2 These workstreams will feed into the Programme Board on a monthly basis. The ICS Director of Nursing, Regional Chief Midwife, NHSE/I Maternity Improvement Advisor, representatives from Maternity Voices Partnership and the Trust non-executive lead for safety are invited to attend to provide assurance oversight.

3.2.3 An action from the first meeting was that the membership be extended to local council members. Currently, Councillor Julie Young has accepted membership on behalf of Colchester Borough Council and an Essex County Council representative is pending. There are also ongoing discussions with relevant Healthwatch teams.

3.2.4 The Programme Board had been formed to address continuous improvement in maternity services rather than a programme to answer the particular actions as set out in external visits and inspections. It was noted it would be a place for accountability and not blame, an approach welcomed by external advisors in attendance.

3.2.5 There will be communication and engagement with staff, and with the pregnant people we work with to provide assurance that actions are undertaken and sustained. The actions relating to the CQC 'must do' actions will be shared with them in line with regulatory requirements, along with routine updates on the wider programme.

3.2.6 This includes an eight-point plan relating to workforce which will be circulated to all staff imminently. Some minor issues have already been resolved following the monthly feedback sessions with staff.

3.2.7 Oversight of this work will be through our Quality & Patient Safety Assurance Committee, which is a sub-committee of the Board, and through the Trust Board itself.

4. Conclusion

4.1 The Trust was aware of the challenges within maternity services prior to the CQC inspection and was taking steps to improve the leadership and governance structures to support them.

4.2 On 31 August a new Director of Midwifery joined ESNEFT to provide expert clinical leadership, and the Trust is in the process of recruiting 30 additional midwives to support our services. Maternity services across the country are facing similar staffing issues and we are not an outlier.

4.3 The Trust Board takes these matters very seriously and welcomes the support and guidance our national and local colleagues and stakeholders to carry out the improvement plan.

ENDS

East Suffolk and North Essex NHS Foundation Trust

Colchester General Hospital

Inspection report

Turner Road
Colchester
CO4 5JL
Tel: 01206747474
www.colchesterhospital.nhs.uk

Date of inspection visit: 07 April to 15 April 2021
Date of publication: 16/06/2021

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at Colchester General Hospital

Requires Improvement ➔➔

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides both acute hospital and community health care and was formed on 1 July 2018 following the acquisition of The Ipswich Hospital NHS Trust by Colchester Hospital University NHS Foundation Trust. ESNEFT maternity consists of services at Colchester, Ipswich and Clacton.

At Colchester General Hospital, the delivery suite consists of eight birthing rooms with two fully equipped co-located obstetric theatres to support consultant-led care and a four bedded midwifery-led birthing unit for women identified as low risk of complications. The maternity ward has 26 beds and accommodates both antenatal and postnatal women. Specialist antenatal clinics are provided for women with diabetes, vulnerable women birth choices and a specialist obstetric scanning service. In addition, specialist midwives for safeguarding, bereavement, clinical effectiveness, practice development, antenatal, newborn screening and infant feeding work within the multi-disciplinary teams. Ultrasound is provided at Colchester and Ipswich sites including fetal medicine specialist services.

From March 2020 to March 2021 there were 3656 deliveries at Colchester General Hospital.

We last inspected the maternity service at Colchester General Hospital between the 11 June and 18 July 2019. The report was published on the 8 January 2020. The maternity service was rated good for all five domains.

We carried out this unannounced focused inspection of maternity services following emerging concerns in relation to staffing, incidents, leadership and culture. Between August 2020 and February 2021, we received six concerns raised by whistle-blowers in relation to midwifery staffing levels impacting on women's safety, affecting care pathways, and having a negative effect on staff wellbeing. In addition, we received concerns about leadership communication, competence, visibility and support as well as concerns about the safety and quality of the services from people who used the service.

We did not inspect Clacton Maternity Unit as part of this inspection.

How we carried out the inspection

As part of this inspection we visited the following areas within the maternity services; maternity triage, consultant led delivery suite and post-natal ward. We spoke with 21 members of staff including medical and midwifery staff, maternity support workers and service leads. We observed care, handovers/meetings and reviewed 10 sets of maternity records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, prescription charts, risk assessments and audit results. Before our inspection, we reviewed performance information about this service.

Focused inspections can result in an updated rating for any key questions that are inspected if we have identified a breach of regulation and issued a requirement notice. In these cases, the ratings will be limited to requires improvement. Because of this, there were changes to ratings for maternity services in safe and well-led, giving an overall rating of requires improvement for maternity services at Colchester Hospital.

Our rating of services went down. We rated them as requires improvement because:

Our findings

- Sustained periods of reduced staffing and issues with the management of the maternity triage system and the process for induction of labour impacted on staff wellbeing and their confidence in keeping themselves and women and babies safe.
- Staff were not always compliant with important training, for example, sepsis and safeguarding training to protect women from harm or abuse. Medicines where not always stored correctly and there were gaps in emergency equipment checks.
- The service had been without a clear strategy with aligned governance processes. Staff were unclear about their roles and responsibilities as a result. Staff did not always feel respected, supported and valued by the trust and the leadership teams.
- The was a lack of oversight from the trust board and the senior leadership team, with delays in managing and implementing timely actions despite the known ongoing concerns relating to many of the issues highlighted above.

See the Maternity Services section for what we found.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Maternity

Requires Improvement

- The service did not always have enough staff to care for women and keep them safe. The maternity triage system was overburdened and the pathway / process for induction of labour was not effectively managed. Longevity of sustained staffing shortages were impacting on the wellbeing of staff and safety of women.
- Medical and midwifery staff did not always have up to date safeguarding training to help them understand how to protect women from abuse and manage safety well. Medicines were not always stored correctly. The service did not control infection risk well; we found issues in relation to furniture and clinical waste and there were gaps in emergency equipment checks.
- Leaders did not always run services well. Staff did not have access to a clear strategy with aligned governance processes. Staff were not all familiar with the service's vision and values, and how to apply them in their work. Staff did not always feel respected, supported and valued by the trust and the leadership teams. Staff were not clear about their roles and responsibilities.
- There had been significant change in senior leadership which had led to an instability in the team with a gap in accountability and ownership. Leaders were not making a demonstrable impact on the quality or sustainability of services. Governance structures, processes and systems of accountability were unclear to staff. Levels of governance and management did not function effectively.
- Staff recorded safety incidents; however, some incidents were graded as no harm thereby potentially missing the opportunity to review the incidents in greater detail and improve practice.

However:

- Staff provided pain relief when needed. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Is the service safe?

Requires Improvement

Mandatory training

The service provided mandatory training in key skills to all staff, however not everyone completed it.

Staff received mandatory training, however there was no statutory or mandatory training undertaken between March and June 2020 due to the Covid 19 pandemic, with the exception of basic life support and neonatal life support. Due to the challenge of suspended learning during the pandemic surge periods, managers put a plan in place to provide training to staff to meet the March 2021 completion deadline. Staff training was encouraged, supported and provided via eLearning and face to face learning sessions.

The mandatory training was comprehensive and met the needs of women and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. Training attendance was monitored electronically, and staff received reminders to complete training.

Mandatory training included Cardiotocography (CTG), a technical means of recording the fetal heartbeat and the uterine contractions during pregnancy, and Practical Obstetric Multi-Professional Training course which covered the management of a range of obstetric emergency situations; staff achieved 98% compliance.

Overall staff compliance for mandatory training courses as of March 2021, for the total 157 qualified midwifery staff in maternity, met the target of 90%, however there were two important exceptions. Compliance for maternal sepsis was only 34% and growth assessment protocol (GAP) to understand measuring fetal growth training was 77% which was not in line with local policy. At the time of inspection there had been no increase in related safety incidents however low staff training compliance might mean some staff did not have the key skills in those areas to keep people safe. We found that fetal growth was not recorded appropriately in seven of the 10 women's records we reviewed during the inspection. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction is part of the national guidance (NHS England, Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality (March 2019)).

Following our inspection, we reviewed the Antenatal Care and the Detection and Assessment of Fetal Growth Restriction Guideline, version 1, dated 13 March 2020. This outlined that all midwives and obstetricians will undertake Perinatal Institute e-learning and competency, with an annual maternity statutory training face to face GAP update.

There was an Intrapartum Fetal Heart Rate Monitoring guidance document in place, version 8, that detailed the appropriate fetal monitoring for women in labour which staff could refer to.

Safeguarding

Staff understood how to protect women from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it, however training compliance of medical staff was low.

Not all staff were up to date with their training, specific for their role, on how to recognise and report abuse. The trust told us all safeguarding training was suspended during the first and second Covid-19 surges and level 3 safeguarding had been switched to virtual instead of face to face training.

The trust set a target of 95% for completion of safeguarding training. The overall compliance for completion of the safeguarding level 3 training for Colchester maternity service staff was 82% which meant 146 of the 178 staff had completed their level 3 safeguarding training. We found there was a drop in the level of training compliance for medical staff. Twenty of the 35 medical staff had not completed their safeguarding level 3 training whereas 131 of the 143 midwifery staff had completed their training. This meant there were a significant number of medical staff who were not trained to the level required to help keep people safe.

However, staff understood how to protect women from abuse and raise safeguarding concerns. Women's records showed that several safeguarding questions were raised at assessment stage. Women's records showed the national enquiry question about domestic abuse was asked antenatally. Staff asked mental health questions in a sensitive way at assessment.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff did not always use equipment and control measures to protect women, themselves and others from infection. They did not always keep equipment and the premises visibly clean.

Ward areas were not visibly clean or have suitable furnishings which were clean and well-maintained. Chairs in the corridor did not meet required standards. They were covered in fabric with tears and holes and were not wipeable. This meant they could not be appropriately cleaned and could risk the spread of avoidable infections.

Cleaning records were not always up to date to demonstrate that all areas were cleaned regularly. We looked at cleaning records and saw there were gaps in the checklists, for example, signatures to evidence the completion of cleaning. We saw that some of the areas and equipment were dusty and some areas were untidy with overflowing bins. This might increase the risk of the spread of infection.

We were not assured that regular personal protective equipment (PPE) audits were taking place. We requested data, from October 2020 to March 2021 for infection control audits in relation to surgical site infection, PPE, handwashing, MRSA and C-Diff. We received hand hygiene audits for the six months, across all three areas (post-natal ward, triage and delivery). Although the sample sizes were small the data demonstrated 100% compliance.

However, other audit data was limited to only one PPE audit, dated March 2021 with overall compliance at 91.5%. It was stated in the submission that the surgical site infection audit was under review and no further information was supplied with regard to MRSA or C-Diff. Therefore, we could not be assured that these audits had been taking place. We requested the local audit programme however no specific infection control audits were included.

Environment and equipment

Staff did not always manage clinical waste well and checks of specialist emergency equipment were not consistent. The design, maintenance and use of facilities, premises kept people safe.

Staff did not always carry out daily safety checks of specialist equipment. We reviewed daily checklists for the emergency equipment for the month of March; six of the 30 were incomplete. The head of midwifery shared with us that there was a drive on improving compliance by completing regular matrons' audits. We saw evidence of audits alongside actions and learning from those audits to promote positive change.

Staff did not always dispose of clinical waste safely. Separate colour coded arrangements for general and clinical waste were in place, however we saw bins overflowing and without lids. This could raise the risk of infections. Sharps, such as needles, were disposed in sharps containers which were dated and labelled with the hospital's details for traceability purposes. However, sharps bins were not appropriately stored off the floor.

Arrangements for the control of substances hazardous to health (COSHH) were not always adhered to. Cleaning equipment should be stored securely in locked cupboards however we saw a container of hazardous fluid left near the sink. This meant unauthorised persons could access hazardous cleaning materials.

Staff did not always store equipment safely. We saw the pre-eclampsia box in a public corridor that was not locked. Staff left medication/IV fluids such as Saline and anaesthetic gels in the corridor. This meant a risk that they could be accessed by unauthorised people.

The midwife led birthing unit (MLBU) consisted of four birthing rooms and three pods. This had been converted to a Covid-19 isolation area from January 2021 to March 2021. There were two rooms on the delivery suite where water births could still be offered as an option. Midwives worked in the area on their own, however it was next to the delivery suite and had easy access to doctors in emergency. Call bells in the MLBU rang in the delivery suite and the midwife we spoke with told us they did not feel isolated.

Maternity

Visitors accessed the maternity unit by ringing the buzzer to gain entry or exit. Authorised staff were issued with swipe cards to access to the unit to ensure the area was secure.

Assessing and responding to patient risk

The maternity triage system was overburdened and the pathway / process for induction of labour was not effectively managed. The structure of shift changes and handovers were not consistent. This meant a potential risk of delayed treatment.

Shift changes and handovers were not always structured to ensure all necessary key information was shared to keep women and babies safe. We observed morning handovers with medical staff and multi-disciplinary teams. One morning handover was busy with lots of interruptions, people were seen to walk in and out throughout the conversation. The handover lacked structure and there was no clear format to ensure clear and specific exchange of important detail. This might mean important detail was not shared with the right people and had the potential to put women at risk.

The maternity triage system was overburdened and therefore a risk to women's safety. The system had too many functions including; managing a telephone helpline, performing pre-op assessments, and managing routine and emergency attendances. This risk was further exacerbated by a significant lack of appropriate staffing.

The maternity triage room was supported by maternity staff and accessible to women from 16 weeks gestation, 24 hours a day. The unit was supported by an obstetric team, who were available to review women once they had been assessed and triaged by the midwives. Women could self-refer when they had concerns regarding fetal movements. Maternity triage also provided outpatient appointments for women having follow-up care on an individual basis for example, raised blood pressure and anaemia. Staff were also responsible for answering all calls from women with concerns, carrying out face to face assessment and directly referring to the delivery suite. Staff in triage assessed women using a red, amber, green (RAG) rating system. Triage staff had a number of responsibilities when the women attend including recording mid-stream urine samples and blood tests. They undertake a full antenatal examination and The Maternity Early Obstetric Warning System (MEOWS) observations. Depending on clinical need blood tests may be taken.

The trust reported incidents on the national reporting system. Prior to inspection there had been several incidents that indicated excessive workload and delays in women being seen in triage area. There were 24 red flags at Colchester from December 2020 to March 2021: the most common reasons for the red flags were delays in induction and missed or delayed care. In one case three women had to have their appointments rescheduled. In one case, a three-hour wait was documented due to lack of staff and capacity. This could have impacted on clinical care, the wellbeing of the women attending triage and overall satisfaction of people involved, including staff.

Staff shortages and acuity, from 7 March until 8 April 2021, meant there was a decline of 24% in in-utero transfers. There was a delay in accepting transfers under two hours of 17%. There was a significant delay in commencing induction of labour (as per trust guideline) of 59% all of which could impact on women's safety.

Staff did not always manage the induction of labour process and pathway effectively. The process was not robust as there was no clear booking pathway. Staff from across the service used a handwritten booking system to amend and cancel inductions. Staff told us the book was regularly taken from the triage workstation and could not always be conveniently located. Staff told us it was often amended which caused confusion, had the potential for errors and added to their stress. The lack of formalised booking meant there was no way of knowing exactly how many women would be arriving for induction on any given day. This impacted on the ability to pre-plan and organise appropriate staffing, which could result in unnecessary delays, women's safety risks and decreased satisfaction.

Maternity

The Royal College of Obstetricians and Gynaecologists (RCOG) Assisted Vaginal Birth Guidance, April 2020, outlines when attempted forceps delivery should be discontinued and second opinion sought. Staff reported a serious incident in October 2020. The serious incident highlighted concerns with prolonged second stage of labour, instrumental delivery and delayed senior clinical review. Having reviewed the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) databases we found that there had been similar incidents reported as either low or no harm where forceps delivery and prolonged second stages of labour were noted.

Staff completed up to date risk assessments for each woman and took action to remove or minimise risks. We reviewed the notes of 10 women who visited the triage area, and all were appropriately assessed, seen at the right time and escalated based on their RAG rating.

Staff took all observations required and scored correctly on the 'Modified Early Obstetric Warning Score' (MEOWS) charts. We reviewed 10 MEOWS charts in women's records on the day assessment unit and postnatal ward, we found all observations were completed and scored correctly.

Staff knew about and dealt with any specific risk issues. We looked at 10 women's records and all women had venous thromboembolism (VTE) assessments. Staff completed VTE assessments in line with the service guidelines. VTE is a life-threatening condition where a blood clot forms in a vein. Women had 'fresh eyes' if CTG was performed. This was in line with national recommendations (NHS England, Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality (March 2019)). A second midwife, using the 'fresh eyes' approach meant the CTG had been reviewed by a different midwife to ensure it was correctly interpreted and escalated if appropriate.

There was an escalation policy in place that had been updated just prior to our inspection. We reviewed the Escalation policy, version 2, 18 March 2021 which clearly outlined actions to be taken and how staff could escalate increasing risk.

Staff used Local Safety Standards for Invasive Procedures (LocSSIPs) alongside an updated standard Operating Procedure (SOP) for maternity LocSSIP. This was a checklist to reduce the number of patient safety incidents related to invasive procedures in which never events could occur. There was an updated SOP circulated to stakeholders including consultant obstetricians, senior co-ordinators, maternity managers, and the chairs of the trust invasive procedures oversight group. Staff carried out audits of the LocSSIP and found that the checklist was not fully embedded into practice. We saw that the SOP had been updated and improvements made as a result of feedback from staff using it and feedback from audits.

The World Health Organisation (WHO) and five steps to safer surgery checklist is used to facilitate patient safety policy and practice in operating theatres. In maternity staff audited its use monthly to demonstrate compliance in all sections of the checklist and measure overall compliance. Data provided demonstrated that between April 2020 and February 2021 overall compliance ranged between 92% and 100%

However, when we looked at audits of compliance with risk assessments and safety monitoring, we saw that there were several omissions that could impact on wellbeing of both women and unborn child. For example, we reviewed intrapartum fetal monitoring audits from November 2020 to March 2021. Each month demonstrated non-compliance; admission risk assessment in labour was not always completed and 'fresh eyes' reviews were not always carried out in a timely way. This was not in line with national recommendations (NHS England, Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality (March 2019)). However, staff who carried out the audits reported on themes, identified overall actions performed with dates of completion and recorded ongoing actions. This meant where they had identified non-compliance, they took action to improve practice and reduce errors.

Maternity

Leaders had developed a standard operating procedure (SOP) to increase support for at risk pregnant women of black, Asian and minority ethnic (BAME) backgrounds. All midwives, obstetricians and the multidisciplinary team in maternity were to use this guidance document which was produced in November 2020. The SOP detailed the steps required to support women and pregnant people from BAME backgrounds to reduce risk and ensure appropriately planned care. Staff told us the key principles and how the guidance should be applied messages were communicated by leaders. Staff we spoke with were aware of the SOP which at the point of inspection had not been formally implemented.

Midwifery and nurse staffing

The service did not have enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. To help mitigate the risk, managers regularly reviewed and adjusted staffing levels, reallocating staff from other areas and recruitment was ongoing.

The service did not have enough nursing and midwifery staff to keep women and babies safe. Prior to the inspection we had received information from six whistle-blowers raising concerns over staffing within maternity. We found on inspection that the number of midwives and healthcare assistants did not match the planned numbers. Staff at all levels told us there was a consistent lack of maternity staff.

Managers calculated and reviewed the number and grade of midwives, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Staffing levels could be adjusted according to the needs of women. Midwives carried out an hour by hour assessment to determine staffing needed in the delivery suite to meet the needs of the women. This was based on the minimum standard of one to one care for all women in active labour and increased ratios of midwife time for women in the higher need categories. However, qualified staff were not always available. Staff told us that they could not always cover every shift.

Managers provided us with staffing data for November and December 2020. Actual midwife staffing numbers were below template for early, late and night shifts on all but one day.

Midwife staffing numbers were three below template on 10 days in November. In December 2020, planned midwife staffing numbers were two or more midwives below template on early, late and night shifts on 26 days. Planned staffing were two or more below template (13 midwives) on 16 days in January 2021. This meant that staffing was consistently low during this period and had a potential to impact on women's safety.

Planned versus actual data from January to March 2021 demonstrated a consistent lack of staffing across the neonatal and in-patient unit. January aggregated fill rates on a day shift for qualified staff were 89% and 88% for unqualified staff. January aggregated fill rates on a night shift for qualified staff were 88.3% and 84% for unqualified staff. Similar figures were provided for February and March 2021, ranging from 70% to 87% fill rates. All of which fell short of the nursing staffing levels fill rate versus template. This confirmed the whistle-blower information that we had received raising concerns around prolonged staff shortages, staff being mentally and physically strained, with poor support from senior management and women's safety concerns becoming more frequent.

Midwives used the National Institute for Health and Care Excellence (NICE) endorsed acuity tool. Acuity is the measurement used to decide the level of care needed by a woman when in labour and giving birth. The tool captured

labour ward, midwife led unit and their antenatal/ postnatal ward activity. The tool could be used in real time in the delivery suite to assess how many midwives were needed to safely support the numbers of women needing care. This included a review of their condition on admission and during the processes of labour and delivery. Compliance with the labour ward tool was approximately 70%.

We requested audits on National Institute for Health and Care Excellence (NICE) Clinical Guideline 190 (1-1 care in labour) however these were not provided; the trust told us that the data has been collected and was in the process of being analysed. This meant we were unable to determine whether they were compliant with NICE guidance to keep women safe by providing appropriate one to one care during active labour.

Specialist midwives and ward managers told us, and we saw evidenced in records, that they were working clinically to backfill staffing shortages. For example, records showed that these staff worked on seven days in November and four days in December. Staff were reallocated from their rostered clinical area on nine days in November and three days in December 2020.

To help address the staffing shortages there had been a rolling recruitment drive and 16 new midwives had been recruited with start dates pending. This had helped reduce the service vacancy rates from 8% in March 2020 to 4% in February 2021. The service annual turnover rate was 6.9% in March 2021.

The service did not use agency midwives to cover staffing shortages in the service. Managers used bank staff, of which there was just one from 7 March until 8 April 2021. Four staff stayed beyond their rostered hours during this period. This meant they were using their own staff to cover extra shifts were possible. This had benefits in that the staff were already familiar with the service, however this also increased work schedules for staff which meant they may become burnt out and less effective in their roles.

In addition to the staff vacancies, staffing numbers were further impacted due to high sickness rates. Unexpected midwife absence/sickness from 7 March until 8 April 2021 was 33%, during this period 57% of vacant shifts were not filled. 7% of midwives were redeployed to another area, support staff were 4% less than rostered numbers. There was a risk that staff redeployed from other areas may not have full skills and competency required to ensure safe care of women. Staff told us that the sustained staffing shortages impacted on their stress levels and ability to provide safe, good quality care and reported work related stress and burnout. However, on the day of inspection, we saw that staff worked well together to focus on the needs of women receiving care on the day of the inspection.

Staff regularly reported staffing concerns in the incident reporting system. We saw examples when care had been compromised as a result of staff shortage. For example, we looked at 24 maternity red flags where staffing difficulties resulted in delays in transfer to delivery suits, delays in caesarean section and delays as there was no available obstetric medical staff available.

We asked the trust to provide us with the number of diversions they had in the last twelve months. From March 2020 to October 2020 the trust had diverted women due to staffing and acuity on four occasions. From February to March 2021 there had been an increase in diversions as a result of staffing and acuity. On one date in February the trust reported very low staffing; six below template.

Medical staffing

Maternity

The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough medical staff to keep women and babies safe. A consultant for the labour ward was available weekdays and in addition there was an on-call consultant accessible when needed. An on-call consultant and labour ward consultant were available at the weekend.

The medical staff matched the planned number.

Medical staffing had improved in the past 12 months. This was due to a recent round of trainees, with a full complement received in August 2020. Some of the trainees had left due to fellowships and Certificate of Completion of Training which legally permit its holder to work in NHS general practice. There were no rota gaps and there were new starters from February 2021. The service employed 12 consultants and 12 were in post. There were some gaps due to sickness; one of which was long term sick and one middle term sick.

The service employed bank and locum staff. Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work. The service had a good skill mix of medical staff on each shift and reviewed this regularly. The service always had a consultant on call during evenings and weekends.

Records

Staff did not always keep detailed records of women's care and treatment. Records were not always clear, up to date, stored securely and easily available to all staff providing care.

Women's notes were not always comprehensive. Staff could access electronic records easily and securely, however some women's records were handwritten which meant they did not have the same ease of access. Handwritten notes were not in an easily assessible order which meant staff may have difficulty in efficiently accessing information when needed.

We reviewed a total of 10 women's records. Whilst these were partially completed in line with records management code of practice for health and social care, there were some gaps that could impact on the safety of women and unborn baby. For example, seven of the ten records we reviewed did not have fetal growth plotted on the fetal growth chart and four of the ten records did not have fetal movements recorded each antenatal visit from 25 weeks.

Records were stored securely. Staff could access women's electronic records using a secure password. Handwritten records were kept in locked cabinets accessible only to staff with authority and access to the securely held key.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

Staff stored medicines in a locked room, however medicines were not contained in locked cupboards to avoid unauthorised people accessing them. Whilst there was staff only access to the room, via name badges, all levels of staff could access the room including domestic and porter staff. This meant that those without the authority to do so, might access medication.

Controlled drugs (medicines subject to additional security measures) were stored correctly in locked cupboards and stock was checked by two qualified members of staff twice a day. Medicines that required refrigeration were stored appropriately and fridge temperatures were checked.

Incidents

Staff recognised and reported incidents and near misses, however, some incidents were graded as no harm thereby potentially missing the opportunity for wider learning. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Managers investigated incidents using the Patient Safety Incident Response Framework (PSIRF) which was introduced as a new framework for managing incidents in November 2020. The framework outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted.

We requested a list of incidents reported from December 2020 to March 2021. Data provided indicated 264 incidents reported, 24 of those were graded as no harm for post-partum haemorrhage (PPH) with blood loss of over 1500mls up to 3000mls. These had been reported in line with local policy; Postpartum Haemorrhage, version 5 (Colchester only) that states major haemorrhage above 1500mls must be recorded as an adverse incident. However, by rating the PPH incidents as no harm, there could be missed opportunities to review incidents in greater detail and use this detail to improve practice. It could also impact on whether there was appropriate follow up of the women to ensure they recovered fully following discharge.

Staff knew what incidents to report and how to report them. We saw evidence of when incidents happened and what learning took place as a result. For example, a student checked the resuscitaire before the midwife used it; an error happened in between the check and the midwife using it which was picked up and staff used the incident as a learning opportunity and shared the learning with staff via the practice development sessions to avoid future occurrences.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff had access to an electronic incident reporting system and were trained to use it. Staff recorded incident discussions in minutes from meetings. We had discussions with staff about incidents, learning and improvement where they demonstrated an understanding of incidents and how to improve women's safety.

The practice development midwife shared incidents where learning was used to make changes to improve safety. The practice development midwife carried out regular skills and drills exercises which were unannounced and used to provide examples of learning and improvement. These exercises were multi-disciplinary which was in line with Saving Babies Lives guidance.

Staff understood Duty of Candour. They were open and transparent and gave women and families a full explanation when things went wrong. We saw this documented within women's records and in incident related documentation we reviewed. Staff were able to provide us with examples of when they would use duty of candour and described the underpinning principles.

Staff did not always receive feedback from investigation of incidents, both internal and external to the service. Staff told us they did not always receive feedback despite following process and completing incident reporting following policy. However, we saw some evidence of feedback in documentation, including audits where errors had been observed and staff were emailed to raise awareness. We also saw examples of change as a result of incidents raised.

Maternity

Is the service effective?

Inspected but not rated

Evidence based care and treatment

Information about the outcomes of women's care and treatment were routinely collected and monitored. The trust had a maternity dashboard in place, based on Royal College of Obstetricians and Gynaecology guidance, which was included in the Patient Safety Incident Response Framework (PSIRF) as part of the maternity assurance report. PSIRF supports the NHS to further improve patient safety and outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted.

Prior to inspection we reviewed the maternity dashboard dated January 2020 to January 2021. The dashboard was RAG rated with targets set for smoking, intrapartum transfers of care, mode of delivery and neonatal morbidity and mortality. We saw some improvements, for example the target for women smoking at delivery was consistently met but were red (slightly above the 30% target) in relation to reducing C-sections.

The trust engaged in national programmes to improve delivery of maternity services. The trust provided us with information in response to The Clinical Negligence Scheme for Trusts (CNST). This was an incentive scheme that outlined ten essential actions designed to improve the delivery of best practice in maternity and neonatal services. There were five key areas in line with national guidance (NHS England, Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality (March 2019)). We reviewed the trust reports for the regional perinatal quality oversight group (RPQOG) meetings in December 2020, February and April 2021. Latest compliance (as of April 2021 meeting, based on February data) recorded that trust was on track (green) for all 10 aspects CNST, and for all five aspects of Saving Babies Lives.

Leaders completed a maternity assessment assurance tool in response to recommendations from Ockenden report. This independent report outlined seven immediate and essential actions based on emerging findings and recommendations. The tool demonstrated the trust's compliance. Latest compliance (as of the RPQOG April 2021 meeting, based on February data) demonstrated the trust were on track to meet the requirements set out in the report with five complete actions and the remainder on track (green).

Staff participated in local and national clinical audit programmes to review effectiveness of care and treatment. We reviewed several audits where we saw identified staff, related actions and process for review to determine improvements. For example, staff audited reducing smoking in pregnancy, the audit planned to confirm whether 80% compliance threshold met and action plans to improve compliance. We saw audits for fresh eyes, audits of swab counts, WHO safety checklist audits with associated action plans and evidence of completion. This meant that staff engaged in initiatives to monitor and improve effectiveness.

Competent staff

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Maternity

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Staff were monitored using an effective system to prompt training, learning and development and ensure competencies. Staff were up to date with specialist training, and received regular updates, for example, cardiotocography (CTG) training; audits for compliance were carried out and skills and drills took place regularly to observe and learn from practical exercises.

Practice development midwives (PDMs) organised mandatory training, inductions for new staff and band five midwives' (junior midwives) preceptorship training. A preceptorship is a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further. The PDMs also facilitated skills and drills, learning from incidents and offering additional training when identified following audits. This meant there was a focus on competency and ensuring staff were effective in their roles to keep people safe.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff appraisals compliance rates were consistently met. Qualified and unqualified staff appraisal overall compliance was 93%. Consultants were 100% compliant and doctor appraisal compliance rates were 64%. Medical staff appraisals were suspended during Covid-19 which may account for the low compliance rate.

Staff were trained to deliver the Practical Obstetric Multi-Professional Training (PROMPT) approach to obstetric emergency training.

Prior to inspection we reviewed the patient safety incident response plan (PSIRP) and the maternity assurance report relating to dashboard outliers (February 2021). It was stated that, as a trust, there was poor obstetric compliance with attendance to in house PROMPT training, which covers teaching on PPH skills & drills and human factors. It had been identified and escalated to the clinical leads and all doctors working within the service were allocated sessions to attend. We found that this had been successful, and the team were over 90% compliant for attending the training in March 2021. PROMPT training is thought to improve knowledge and teamworking. It is also associated with significant improvements in outcomes for mothers and babies. The trust provided us with a breakdown of compliance of maternity staff who attended the training and it demonstrated that midwives were 97% compliant, support workers 98% compliant, doctors and consultants 100% complaint, however anaesthetists were below target having achieved just 59% compliance.

Multidisciplinary working

Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. However, multidisciplinary meetings were inconsistent and not always formally structured. There were missed opportunities to work cohesively across the Trust.

Staff held regular multidisciplinary meetings to discuss women and improve their care, however they were not always well structured. We observed several meetings/huddles throughout the day with medical staff and multi-disciplinary teams. Some were well facilitated, involved all the key people with a clear format. Some were overcrowded, regularly interrupted and people did not always stay for the entire meeting. Staff who facilitated handovers did not a follow a structured format, for example, using a situation, background, assessment, recommendation (SBAR) format. SBAR is a tool used to facilitate prompt and appropriate communication between wards and services.

Staff did not have regular cross-site multi-disciplinary meetings or interactions with colleagues at Ipswich Hospital maternity unit around managing women's care. Staff from each site used different policies and guidance documents despite being the same trust and sometimes sharing the care of women. This meant that staff had different ways of working that were not consistent and cohesive to help facilitate effective care for women across the two sites.

Maternity

Is the service well-led?

Requires Improvement

Leadership

There had been significant change in senior leadership, resulting in vacant positions, which had led to an instability in the team with a gap in accountability and ownership. Leaders were not making a demonstrable impact on the quality or sustainability of services.

The service had undergone significant change in management and leadership which led to an unstable structure. The maternity service sits within the Women's and Children's division. The service is led by a divisional management team, comprised of a divisional director, an associate director of operations and head of nursing, women's and children's; There was no director of midwifery, however the position had been recruited to and they were due to start in September 2021. There was also no clinical director to provide clear accountable leadership and oversight to ensure the smooth running of the service. There was a nominated non-executive director (NED) with responsibility for maternity to provide challenge and independent oversight. The head of midwifery worked alongside a number of managers including an obstetric governance lead, labour ward lead and matron.

Leaders at executive level and maternity leads did not demonstrate they always understood and managed the priorities and issues the service faced. They were not visible and approachable in the service for women and staff. They did not always support staff to develop their skills and take on more senior roles. We saw no evidence of succession planning. This meant there were gaps in leadership capacity and capability. We were not assured that clear priorities for ensuring sustainable, inclusive and effective leadership were in place. There was no leadership strategy or development programme.

The trust's leadership team were aware, and able to relay, the challenges to quality and sustainability. However, there had been a continued delay in implementing the necessary improvements needed to support the overall strategic direction of the service. This impacted on the service's quality of delivery and the wellbeing of staff.

The services senior leadership team, midwifery staff and medical staff reported a prolonged poor culture and fragmented relationships. Leaders in the service reported disconnect from the executive team and lack of clarity to help overall satisfaction. Whilst each location continued to work in silo, with different processes and policies, such as the post-partum haemorrhage policy, there was the potential for fragmented leadership and a lack of cohesive oversight of quality and risk.

The head of midwifery (HOM) met with the chief nurse, however, they did not have regular contact with the divisional director or have direct access to present regularly to the board in line with Spotlight for Maternity 2016. The 'Spotlight on Maternity' March 2016 states 'to ensure that there is a board-level focus on improving safety and outcomes in maternity services organisations should provide the opportunity for the Medical Director for maternity and the Head of Midwifery to present regularly to the board.' All maternity staff we spoke with reported a disconnect and lack of regular and effective interaction with the divisional leadership team.

Staff told us that the governance structures were outdated and because of this staff were unclear of their roles and responsibilities and accountability. Those with dedicated specialist leadership roles were unclear about lines of responsibility and told us that they were not allocated enough additional hours to provide effective governance oversight.

Maternity safety champions were recently employed to promote a professional culture needed to deliver better care. They played a central role in ensuring that mothers and babies were kept safe in maternity services. We saw posters displayed to inform staff of the maternity safety champions and we were updated during provider engagement about the roll out of the maternity safety champions. However, despite this all staff we spoke with were unclear about the role of maternity safety champions and did not feel engaged with the safety champions or the process.

Vision and Strategy

There was no clear vision or strategy in place to deliver high quality sustainable care and no robust plans to deliver.

The service did not have a vision for what it wanted to achieve or a strategy to turn it into action. The trust told us the maternity strategy and vision was still to be developed in partnership with staff and stakeholders, and that this would be a key objective for the service once the Director of Midwifery was in post. This meant staff did not have strategy and vision to provide clear goals and direction against which to measure their value as a group of staff who worked hard to provide good quality care.

As it was yet to be developed there was no alignment to local plans in the wider health and social care economy, and lack of evidence that services were planned to meet the needs of the population.

Whilst there was recognition by the executive team that this would be undertaken once the DOM was in post, we were concerned that there was a continued delay, with no clear direction or involvement of the midwifery and medical staff.

Culture

Staff did not always feel respected, supported and valued, detailing a lack of consistent support.

The service had gone through prolonged periods of change, a pandemic, significant changes in leadership, lack of strategy and lack of a robust governance framework which impacted on staff morale and wellbeing. The trust told us of initiatives they introduced to support service provision during Covid-19 and individual career development. For example, registered general nurses were supported with training and supervision to work alongside midwives and student midwives at the hospital could be fast tracked to complete their qualifications.

During the inspection staff were friendly, helpful and warm when we spoke with them and in our observations. Staff at all levels were clearly concerned about staffing, leadership and staff morale. Staff were visibly tired, some burnt out and some tearful. Staff did not feel listened to. Staffing shortages were escalated but there was a lack of consistent support.

The culture did not always encourage openness and honesty. At the time of inspection there were two external reviews focused on continuity of carer and ongoing culture and leadership**.** We were concerned that there had been significant delays in organising these independent reviews. During one of our regular engagement meetings in August 2020 we were informed the trust was committed to improving the culture hence the intention for an independent review. However, terms of reference were not formalised until December 2020 and the review only started in March 2021.

Staff expressed their desire to provide an effective and safe service however they were concerned about the scope of practice based on staffing shortages and lack of structure and leadership. Staff were very busy when we inspected, however we saw that they worked well together for the safety and wellbeing of those in their care. Staff wellbeing initiatives were introduced. For example, exercise groups and challenges, encouragement to be outside, kindness nominations with donated prizes, for example, a two-day camping trip. These new initiatives were as a result of listening to staff and hearing their concerns.

Governance

Governance structures, processes and systems of accountability were unclear to staff. Levels of governance and management did not function effectively or interact with each other. Staff were not clear about their roles and accountabilities.

Leaders operated an ineffective and indistinct governance system and structure throughout the service. Staff were not always clear about their roles and accountabilities; this meant they were unclear about expectations of them and were disengaged from executing work to ensure smooth running of the service. Staff told us they did not have regular opportunities to meet, discuss and learn from the performance of the service. One member of staff told us the governance framework was outdated and had not been reviewed in over seven years. Staff told us they were concerned that lack of governance impacted in overall safety and wellbeing of already fatigued staff. We were told that governance meetings had been halted for over 18 months. However, we saw there were unit meetings, women's quality and risk meetings and regional perinatal quality oversight group (RPOCG) meetings in place. This meant there was some disconnect between staff and their understanding of the governance system.

Leaders did not have a robust response to tackle staffing shortages and concerns. Leaders had rolled out recruitment campaigns, however, did not use all means at their disposal, in a timely manner to cover staff shortages. For example, the trust did not use agency midwives to backfill vacancies or absences to support substantive staff in their roles in providing safe and good quality care. Leaders were aware of staffing concerns over an extended period which meant they could have acted sooner to ensure appropriate provision of safe staffing. Staffing shortages, and the use of supervisory staff in clinical duties resulting in their unavailability to support junior staff, was raised during the last inspection.

Medicines management systems were not robust. Storage facilities were not adequate to avoid unauthorised access. We saw no evidence of this being identified as a risk in either risk meeting minutes or the risk register.

Leaders did not provide a safe and efficient triage system for staff to safely and effectively manage women who used this service. The system had too many functions, staffing numbers were not sufficient to fulfil all the roles and responsibilities within the triage room. We found a high number of incidents reported by staff that impacted on safe service delivery, clinical care and overall satisfaction. Staff also told us that they did not feel their concerns were heard by leaders and we were not assured timely, appropriate action was taken to improve the triage system.

Staff did not consistently facilitate robust, well-structured handovers using recognised tools. This approach would have demonstrated information shared about women with colleagues was discussed, documented and used appropriately to keep people safe.

Management of risk, issues and performance

Leaders and teams did not always use systems to manage performance effectively.

Maternity

There were systems and processes in place to identify risk. The maternity service had a risk register. Risks were recorded and managed using the trust's electronic risk reporting system. All risks on the register were allocated to a member of staff responsible for reviewing and monitoring them. We looked at the risk register and risks were in date and had been reviewed. However, there were some risks that had remained high for an extended period. Staffing remained an extreme risk in the risk register with bank staff recruitment extended rather than exploring other options, such as agency staff.

Handovers were not always well facilitated, and we could not be assured that staff received a full detailed handover where all aspects of women's care were shared and discussed to keep people safe.

Staff were provided with a services dashboard which was reviewed as part of the women's quality and risk meetings that took place monthly. The meeting minutes for these demonstrated good multi-disciplinary team attendance where the dashboard, audits, risk register and incidents were reviewed. Staff who attended used an action log to review completion and progress of allocated actions. We reviewed three months of data shared at the East of England regional perinatal quality oversight group (RPOQG) where incident management reflected an improving picture. For example, open incidents unactioned in December 2020 were 73 with 5 serious incidents, this reduced to 48 and 4 serious incidents in January 2021 and reduced to 27 with no serious incidents in February 2021.

In response to Ockenden, an independent report outlining seven immediate and essential actions based on emerging findings and recommendations in relation to maternity services, leaders completed a maternity assessment assurance tool. The tool highlighted the recommendations from Ockenden and related compliance. Managers had oversight through bi-monthly reporting to RPOQG and the trust were on track in relation to Ockenden, Clinical Negligence Schemes for Trusts (CNST) – NHS Resolution and the Saving Babies Lives care bundle. However, we were not fully assured that leaders had sufficient oversight of the metric requirements. For example, it was reported the all aspects of the CNST were green and on track, however on inspection we found insufficient staffing remained a concern and anaesthetists' compliance with PROMPT training was 59%. In relation to Saving Babies Lives v2 GAP training compliance was 77%.

Prior to inspection we reviewed the patient safety incident response plan (PSIRP) dated February 2021. The trust remained an outlier for post-partum haemorrhage (PPH) identified by the National Maternity and Perinatal Audits since 2017. PPH is associated with maternal mortality and morbidity and is therefore a high-risk emergency for women. Staff graded a high number of PPH incidents as no harm, this meant that there was potential for less robust review and identification of learnings.

We reviewed triage related red flags, for example delays relating to staffing and red aspects on the maternity dashboards (where targets had not been met and/or where we saw no improvement). We could see the trust were monitoring these areas of concern but there appeared to be a lack of pace to take significant steps to ensure improvements.

Both Colchester and Ipswich sites were undertaking quality improvement projects however these were paused during the pandemic, and it was documented that these would be reinstated when staffing and acuity were safe to do so. We remain concerned that with staffing consistently compromised performance and quality improvement plans remain paused.

Areas for improvement

MUSTS

Maternity

- The service must ensure that medical staff complete mandatory and safeguarding training and ensure compliance with the trust target. Regulation 12 (1) (2)(a)(c)
- The service must implement an effective governance system and ensure systems to manage risk and quality performance are effective. Regulation 17 (1)(2)(a)
- The service must ensure robust review of incidents to ensure they are appropriately graded and managed to keep women and babies safe and ensure appropriate follow up care is provided. Regulation 17 (1)(2)(a)(b)
- The service must ensure a robust strategy and vision to set out clear objectives and direction for the service and staff. Regulation 17 (1)
- The service must ensure all steps are taken to appropriately manage and maintain safe staffing in the maternity unit. Regulation 18 (1)

SHOULDS

- The service should ensure that safety champion roles and responsibilities are clear to maternity staff and they are involved in the process.
- The service should ensure cross site working and consistency to improve relationships and share good governance including policies and procedures.
- The service should ensure they are infection prevention control compliant.
- The service should ensure multidisciplinary team working is improved.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and three specialist advisors, including two obstetricians and a midwife. The inspection team was overseen by Philippa Styles, Head of Hospital Inspec

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Reference Number: HOSC/03/21

Report title: Care Home Closures Research	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Dr Humera Plappert	
Date: 2 September 2021	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 This paper briefs members of the Committee on a new national research study (for which Essex will be a case study site), conducted by the University of Birmingham with funding from the National Institute for Health Research (NIHR). The study is funded by a prestigious 'NIHR Programme Grant' and this is first time that such funding has been awarded (after a very competitive national process) for a social care study.

1.2 Building on a previous pilot in Birmingham (believed to be the largest closure programme in the UK), the study explores what happens to older people and care staff when homes close, how best to manage closures in a way that minimises negative outcomes for older people and families, and key lessons for Councils as they manage future closures.

2. Background

2.1 Care homes for older people are a crucial service, supporting some 400,000 people 24 hours a day/365 days a year. In an era of austerity, care markets are increasingly fragile, and the very logic of a 'market' implies that the risk of failure has to be real for there to be sufficient incentives for providers to deliver appropriate care at the right price. However, when care homes close – whether through financial problems, care failings or other factors – the received wisdom is that subsequent relocation can be detrimental to the well-being of older residents. Despite this, there is little formal evidence to guide services when undertaking such sensitive work, with local areas 'reinventing the wheel' each time a closure takes place/failing to share learning externally. In particular, the study asks:

1) What is the pattern of care home closures nationally, how are they undertaken in different Councils and what do Councils consider to be best practice when supporting older people at such potentially stressful times?

2) How do older people experience closures, what impact does closure have on health and quality of life, and how can any negative impacts be reduced?

3) What impact do closures have on care staff and local care markets, and how can negative impacts be reduced?

4) What are the costs and consequences of closures, and the key data required to make this estimation? Can we develop a modelling framework to drive appropriate data collection for future home closure prediction to mitigate adverse outcomes?

5) How can future closures be planned and conducted in a more evidence-based manner, so that outcomes for older people are improved and negative impacts reduced?

2.2 Care To answer each question the following approaches will be taken:

1) National survey of Directors of Adult Social Services supplemented by Care Quality Commission data.

2) Four case study sites:

- Interviews with key stakeholders (commissioners, managers, Healthwatch and broader health partners)
- Interviews with older people, families, care staff and social work assessors during the closure process
- Outcome's data (EQ-5D, ICECAP-O and outcomes identified in the literature on what older people value about care services) at initial assessment, 28-day review and one-year follow up

3) Survey of care staff (ProQOL) before and after closures, supplemented with individual interviews; interviews with local authorities (commissioners, provider services, social workers) and care home providers, supplemented with documentary analysis.

4) Preliminary model-based economic evaluation comparing the costs and consequences of alternative pathways of care for residents when homes close (including costs for residents, families, staff and local authorities)

5) The study will provide clear/accessible guidance to improve outcomes for older people, supported by key implementation partners, to ensure that future closures are conducted in a more evidence-based manner. This includes a good practice guide sent to every Director of Adult Social Services (DASS)/Clinical Commissioning Group (CCG)/Ambulance Trust in England; an accessible guide for older people/families; and a free training video for care staff.

3. Update and next steps

3.1 Essex is taking part in the study as a case study site. This will involve the research team carrying out interviews with key health and social care stakeholders; basing themselves in a care home that is closing to interview older people, families, care staff and social workers; collecting health and well-being data before, during and after the closure; exploring outcomes for care staff; interviewing commissioners and providers; and analysing costs and outcomes of closures. Essex has been really supportive of the research, and the Director of Adult Services is the representative of the Association of

Directors of Adult Social Services on the national advisory board of the project. The research team is attending a number of meetings and briefing key people in Essex to help socialise the project and raise awareness of Essex's commitment to supporting research.

Reference Number: HOSC/04/21

Report title: Establishment of JHOSC with London Borough of Waltham Forest and London Borough of Redbridge	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 September 2021	**For:** Decision
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer (jasmine.carswell@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The Essex County Council (ECC) Health Overview Policy and Scrutiny Committee (HOSC) have been asked to nominate a representative to the newly established Joint Health Overview and Scrutiny Committee (JHOSC), in order to scrutinise the plans for redeveloping Whips Cross Hospital.

2. Action required

2.1 The HOSC is asked to nominate a member of the committee to sit on the JHOSC.

3. Update and next steps

3.1 It is anticipated a meeting will be scheduled every eight weeks due to the pace of the hospital development, although if there is no update to be received, they would be cancelled as necessary.

3.2 The meetings themselves are likely to take place between 5:00pm – 7:00pm.

4. Appendices

Appendix A: JHOSC Terms of Reference – draft
Appendix B: Establishment of a Whipps Cross Joint Health Overview and Scrutiny Committee report – London Borough of Waltham Forest
Appendix C: Whipps Cross Redevelopment – Options for Health Scrutiny

TERMS OF REFERENCE FOR WHIPPS CROSS JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Establishment of the JHOSC

Legislation

1. The National Health Act 2006 as amended by the Health and Social Care Act 2012 sets out the regulation powers in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 ("the Local Authority Regulations 2013").
2. Regulation 30 (1) of the Local Authority Regulations 2013 states that two or more local authorities may appoint a joint health scrutiny committee and arrange for relevant health scrutiny functions in relation to all of those authorities to be excisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
3. The Whipps Cross Joint Health Overview and Scrutiny Committee (the JHOSC) is established on a 'task and finish' basis by the Overview and Scrutiny Committees having health responsibilities of the London Borough Councils of Waltham Forest and Redbridge and Essex County Council ("the OSCs") in accordance with s.190-191 of the Health and Social Care Act 2012 and consequential amendments and the Local Authority Regulations 2013.

Membership

4. The JHOSC will consist of seven Members, four from Waltham Forest, two from Redbridge and one from Essex County Council as nominated by their respective Health Scrutiny Committees.
5. In accordance with section 21(9) of the Local Government Act 2000, Executive Members may not be members of an Overview and Scrutiny Committee.
6. The Council of the District of Epping Forest may also nominate one observing Member.
7. Appointments made to the JHOSC by each participating OSC or Council will reflect the political balance of that Council, unless a participating Council agrees to waive the requirement in accordance with legal requirements and with its own constitutional arrangements.

Attendance of Substitute Members

8. If a Member is unable to attend a particular meeting, they may arrange for any appropriate Member of the Council to attend as substitute, provided that a Member having executive responsibilities may not act as a substitute. Notice of substitution shall be given to the clerk before the commencement of the meeting.

Role and Function of the JHOSC

9. The JHOSC shall have the remit to review and scrutinise any matter, including substantial variations, relating to the planning, provision and operation of health services at Whipps Cross Hospital during and after its development. The JHOSC will have the right to respond in its own right to all consultations on such matters, both formal and informal.

10. The JHOSC will not be able to scrutinise any matter relating to the Whipps Cross Hospital development that does not pertain to health services. Only health services are in the remit of the JHOSC.

11. In fulfilling its defined role, as well as reviewing documentation, the JHOSC will have the right to do any or all of the following:

    a. Request information or to hold direct discussions with appropriate officers of any NHS Trust or other body whose actions impact on the development.

    b. Co-operate with any other Joint Health Overview and Scrutiny Committee or Committees established by two or more other local authorities, whether within or without the Greater London area;

    c. Make reports or recommendations to any of the NHS bodies listed above and expect full, written responses to these;

    d. Require an NHS or relevant officer to attend before it to answer such questions as appear to it to be necessary for the discharge of its functions in connection with a consultation;

    e. Consider the NHS bodies' responses to its recommendations;

    f. Such other functions, ancillary to those listed in a to e above, as the JHOSC considers necessary and appropriate in order to fully perform its role.

    Although efforts will be made to avoid duplication, any work undertaken by the JHOSC does not preclude any individual constituent borough Overview and Scrutiny Committee from undertaking work on the same or similar subjects.

Co-optees

12. The JHOSC shall be entitled to co-opt any non-voting person as it thinks fit or appropriate to assist in its debate on any relevant topic. Each Healthwatch organisation for Waltham Forest, Redbridge and Essex shall be entitled to nominate one co-opted (non-voting) member of the JHOSC.

Meetings of the JHOSC

13. The JHOSC shall meet formally at such times, at such places and on such dates as may be mutually agreed, provided that five clear days' notice is given of the meeting. The Committee may also meet informally as and when necessary for

purposes including, but not limited to, visiting appropriate sites within the boroughs or elsewhere.

The JHOSC will meet a minimum of four times per annum. Meetings will normally be held at Waltham Forest Council. Any change to the venue will be communicated by the clerk at least five clear days before the meeting. Meetings shall be open to the public and press in accordance with the Access to Information requirements.

Attendance at Meetings

14. Where any NHS officer is required to attend the JHOSC, the officer shall be given reasonable notice in advance of the meeting at which they are required to attend. The notice will state the nature of the item on which they are required to attend to give account and whether any papers are required to be produced for the JHOSC. Where the account to be given to the JHOSC will require the production of a report, then the officer concerned will be given reasonable notice to allow for preparation of that documentation.

15. Where, in exceptional circumstances, the officer is unable to attend on the required date, and is unable to provide a substitute acceptable to the JHOSC, the JHOSC shall in consultation with the officer arrange an alternative date for attendance.

16. The JHOSC may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

17. The JHOSC shall permit a representative of any other authority or organisation to attend meetings as an observer.

Quorum

18. The quorum for the JHOSC shall be the larger of either one third, or three of the total voting members, provided there is at least one Member present from both of the London borough OSCs.

Chair and Vice Chair

19. The Chair and Vice Chair will be elected at the first meeting.

Notice and Summons to Meetings

20. The Clerk of the Joint Committee will give notice of meetings to all members. At least five clear working days before a meeting the relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

21. Any such notice may be given validity by e-mail.

22. The proper officer of each Council shall ensure that public notice of the meeting is displayed in accordance with the customary arrangements of that Council for giving notice of Committee etc. meetings.

Reports from the JHOSC

23. The formal response of the JHOSC will be reached as far as is reasonably practicable by consensus and decided by a majority vote if necessary.

24. In undertaking its role the JHOSC should do this from the perspective of all those affected or potentially affected by any particular proposal, plan, decision or other action under consideration.

Formal Consultations and Referrals to Secretary of State

25. Under guidance on Local Authority Health Scrutiny issued by the Department of Health in June 2014, only the JHOSC may respond to a formal consultation on substantial variation proposals covering health services in at Whipps Cross Hospital.

26. The JHOSC may only refer matters directly to the Secretary of State on behalf of Councils who have formally agreed to delegate this power to it.

Procedure at JHOSC meetings

27. The JHOSC shall consider the following items of business:

- minutes of the last meeting;
- declarations of interest;
- any urgent item of business which is not included on an agenda but the Chair, after consultation with the relevant officer, agrees should be raised;
- the business otherwise set out on the agenda for the meeting.

Conduct of Meetings

28. The conduct of JHOSC meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

29. Where any person other than a full or co-opted member of the JHOSC has been invited to address the meeting, the Chair may specify a time limit for their contribution in advance of its commencement which shall not be less than three minutes. The total amount of time allocated to public speaking time will not be more than fifteen minutes.

30. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for questioning by members of the JHOSC.

Officer Administration of the JHOSC

31. The London Borough of Waltham Forest will be the Lead Authority for clerking and administering the JHOSC. Costs of supporting the JHOSC will be shared, in

proportion to their representation on the Committee, by the London Boroughs of Waltham Forest and Redbridge and Essex County Council.

Voting

32. Any matter requiring a vote will be decided by a simple majority of those members voting and present at the time the motion was put. This will be by a show of hands or, if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote. Co-opted members will not have a vote.

Public and Press

33. All meetings of the JHOSC shall be open to the public and press unless an appropriate resolution is passed in accordance with the provisions of Schedule 17 of the National Health Service Act 2006.
34. All agendas and papers considered by the JHOSC shall be made available for inspection on the relevant web sites.

Code of Conduct

35. Members of the JHOSC must comply with the Code of Conduct or equivalent applicable to Councillors of each constituent Local Authority.

LONDON BOROUGH OF WALTHAM FOREST

Committee/Date:	Health Scrutiny Committee 8 July 2021
Report Title:	Establishment of a Whipps Cross Joint Health Overview and Scrutiny Committee
Directorate:	Finance and Governance
Contact Details	Rosamund Cox, Scrutiny Officer Rosamund.cox@walthamforest.gov.uk
Wards affected:	All
Public Access	Open
Appendices	Appendix 1 - Whipps Cross Redevelopment - Options for Health Scrutiny Appendix 2 – JHOSC Draft Terms of Reference

1. SUMMARY

1.1. This report recommends the establishment of a JHOSC with the other authorities impacted by the proposed Whipps Cross Hospital redevelopment.

2. RECOMMENDATION

2.1. The group is asked to make the following recommendations to the Health Scrutiny Committee:

2.2. That the Council establishes a Joint Health Overview and Scrutiny Committee (JHOSC) with the London Borough of Redbridge and Essex County Council, in order to scrutinise the plans for redeveloping Whipps Cross;

2.3. That the terms of reference at Appendix 2 are adopted for the JHOSC;

2.4. That four members of the Council are appointed to the Whipps Cross Redevelopment JHOSC;

2.5. That the Waltham Forest membership of the JHOSC should include the Chair or Vice-Chair of the Health Scrutiny Committee, and a representative from the Adult Social Care Scrutiny Committee, with the remaining two seats allocated as the Council sees fit.

2.6. That all other JHOSC arrangements remain unchanged;

2.7. That appointment arrangements be politically balanced as is currently the case

3. BACKGROUND

3.1. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out powers and duties of local authorities in respect to health scrutiny. This includes the power to set up joint health scrutiny committees with other local authorities. These joint committees can be delegated or specified health scrutiny functions. Most commonly JHOSCs are used to scrutinise issues that cross local authority boundaries.

3.2. The planned redevelopment of Whipps Cross Hospital may require changes to the JHOSC arrangements for the local authority. The context for these proposals is set out in **appendix 1**.

4. PROPOSAL

4.1. The redevelopment of Whipps Cross Hospital will have an impact across borough boundaries. It is therefore necessary for the Council to establish a JHOSC with the relevant authorities in order to be compliant with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

5. CONSULTATION

5.1. Consultation has included: the Whipps Cross Hospital redevelopment team; the relevant local authorities; the party whips; the strategic directors of Families and Economic Growth; Management Board.

6. IMPLICATIONS

6.1. **Finance, Value for Money and Risk**

There are additional resource implications in establishing the Whipps Cross Redevelopment JHOSC. The Committee will require officer support and there could be additional implications in respect to a Special Responsibility Allowance for the Chair of the JHOSC.

6.2. **Legal**

7. The National Health Act 2006 as amended by the Health and Social Care Act 2012 sets out the regulation powers in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 (“the Local Authority Regulations 2013”).

7.1. **Equalities and Diversity**

There are no implications as result of this recommendation to Council.

7.2. **Sustainability (including climate change, health, crime and disorder)**

There are no implications as result of this recommendation to Council.

7.3. **Council Infrastructure (e.g. human resources, accommodation or IT issues**

The Whipps Cross JHOSC will be managed within current resource envelopes. Meetings are expected to take place at Waltham Forest Town Hall, meaning committee space will be required. This will be managed within the resources of the Democratic Services team.

BACKGROUND INFORMATION (as defined by Local Government (Access to Information) Act 1985)

None.

Whipps Cross Redevelopment - Options for Health Scrutiny
June 2021

Background: Whipps Cross University Hospital is in Leytonstone, in the London Borough of Waltham Forest. It is run by Barts Health NHS Trust, and provides a range of general inpatient, outpatient and day case services. It also provides maternity services and a 24-hour Emergency Department and Urgent Care Centre.

The hospital serves a population of roughly 350,000 people from Waltham Forest, Redbridge, Epping Forest and further afield. The bulk of patients accessing the service are from Waltham Forest, with around 55% of the patient population coming from the borough. [1]

In September 2019, central Government confirmed additional funding for the redevelopment of the hospital site. Public engagement took place throughout 2020 prior to the submission of a strategic outline case in March 2020, which was approved in September that year. Further engagement took place in the autumn, as more details became known. Outline planning permission was submitted in May 2021.

The development represents significant change to the way all services will be delivered across the site, although it will continue to provide all the core services currently offered, including A&E and maternity care, throughout the development and afterwards.

The pace of the engagement exercise has prevented a formal JHOSC arrangement being established in time for the initial engagement activity. However, each local authority has input into discussions about the development of Whipps Cross, and scrutiny committees have considered the preliminary proposals as they have been drafted over the preceding years.

Over the months of engagement, some themes have emerged as areas of particular interest or concern. These include: the proposal to cut the numbers of beds; uncertainty around palliative or end-of-life care which is currently housed at the Margaret Centre; queries around available car parking and the transport infrastructure that would serve the hospital; and queries around the future of the ophthalmology department.

Inner North East London JHOSC (INEL JHOSC) has representation from Waltham Forest and one member from Redbridge as an observer. However, the JHOSC membership includes other local authorities and its composition does not proportionately reflect the authorities affected by the Whipps Cross redevelopment

[1] According to figures provided by Barts Trust, between November 2019 and December 2020 55% of patients at Whipps Cross were from Waltham Forest CCG

plans. This could impact detrimentally on the time and focus given to the plans at INEL JHOSC.

Outer North East London JHOSC (ONEL JHOSC) has representation from Redbridge and one member from Waltham Forest as an observer. However, similarly to INEL, the membership includes other local authorities and its composition does not proportionately reflect the authorities affected by the redevelopment plans. In other words, neither existing JHOSC maps appropriately on to the area affected by the hospital redevelopment.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 stipulate that where a substantial development to health services in the local area is proposed, the responsible organisation must consult with the health scrutiny function. The health scrutiny function must invite the views of interested parties and consider any relevant information made available to it. This includes Healthwatch.

The 2013 regulations state that where health services in more than one local authority are affected, the local authorities must appoint a joint health overview and scrutiny committee (JHOSC) for the purposes of the consultation. The regulations further state that only the joint committee may

(a) make comments on the proposal consulted

(b) require the provision of information about the proposal

(c) require a member or employee of a responsible person to attend to answer questions in connection with the consultation.

The regulations only make provision for scrutiny in relation to health services. The JHOSC would not be able to scrutinise proposals in relation to – for example – the residential development, car park, infrastructure or other non-health related elements of the hospital redevelopment.

Proposal: The three local authorities with health scrutiny duties impacted by the Whipps Cross redevelopment are London Borough of Waltham Forest, London Borough of Redbridge and Essex County Council.

In order to ensure that the redevelopment plans are scrutinised in a manner compliant with the regulations, it is proposed that each council appoints to a Whipps Cross JHOSC. The following membership is proposed: Waltham Forest 4; Redbridge 2; Essex 1; Epping Forest District Council 1 observing member (non-voting). It is proposed that the committee is granted the power of referral to the Secretary of State.

The establishment of a JHOSC is typically retained as a decision for full Council, though individual local authorities can delegate these powers to the health scrutiny committee. Officers will ensure that the formal creation and appointment to the Whipps Cross JHOSC are compliant with the constitutional requirements of each local authority.

Other options considered: There is an option to 'do nothing' and use existing scrutiny structures. This would see scrutiny continue at, respectively, Waltham Forest Health Scrutiny, Redbridge Health Scrutiny, ONEL and INEL. The disadvantage of this approach would be a piecemeal approach to scrutiny, with reports and witness statements scattered across committees. As mentioned above, the two JHOSCs do not map the area affected by the redevelopment and are unlikely to give over the requisite scrutiny time needed by the development. Additionally, the power of referral would not be concentrated in one committee and would instead require all committees to come together and agree to refer the development.

For information: breakdown of patients at Whipps Cross by CCG, December 2019 to November 2020:

CCGName	Total Inpatient Discharges	%
Total	**55216**	
NHS WALTHAM FOREST CCG	30781	55.7%
NHS REDBRIDGE CCG	11582	21.0%
NHS WEST ESSEX CCG	4110	7.4%
NHS NEWHAM CCG	3639	6.6%

Reference Number: HOSC/05/21

Report title: East of England Ambulance Services Trust – response to HOSC letter	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 2 September 2021	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 In February 2021, the committee received a written report from the East of England Ambulance Service Trust (EEAST) following the announcement by the Care Quality Commission (CQC) in September 2020 they had been placed into special measures following an inspection.

1.2 At the time the committee received this report, the Trust were extremely busy dealing with patients suffering with Covid-19 and therefore the HOSC agreed they would receive a written report only.

2. Action required

2.1 The Committee is asked to consider this report and to decide whether any future scrutiny is required.

3. Background

3.1 In September 2020, the CQC carried out an inspection of the EEAST and a result placed it into special measures.

3.2 At the time the committee received this information, instead of inviting the EEAST to its next meeting, they asked they receive an update several months later to receive a progress update on how they are implementing the recommendations put forward by the CQC.

4. Update and Next Steps

4.1 See Appendices for update. See Action Required for next steps.

5. List of Appendices

Appendix A: CQC Inspection Report

EEAST Report to
Essex Patient Experience Scrutiny Committee

Report Period: to July 2021
Date of Report: August 23 2021

1. Executive Summary

1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible. The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

1.2 In May, we appointed **Tom Abell** (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) as our new permanent chief executive. This is an important step in building a stable and successful executive team.

1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.

1.4 We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2.0 Improvement programme

2.1 At the end of September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.

2.2 The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

2.3 Of the 171 actions of the CQC report, 63% are complete, with a further 37% rated green or green-amber in terms of confidence in delivery.

2.4 Areas of lower confidence (amber rating) are few, and relate to delivering to the timescale rather than concerns on the ability to deliver the actions per se.
As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.

2.5 A programme of work called Fit for the Future will ensure that we embed the improvements made in addressing the CQC's concerns. The five areas of focus for this work will be:

- Improving our culture
- Workforce Development
- System Partnership
- Capability and Capacity
- Evidencing our impact

2.6 Tom Abell, formerly Chief Executive at Mid and South Essex NHS Foundation Trust, formally took up his role as our new permanent chief executive in August. This is an important step in building a stable and successful executive team.

2.7 **Special Measures**
The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.

2.8 Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.

2.9 Equality and Human Rights Commission
The Trust has finalised an action plan with the EHRC with agreement on the actions and measures secured. Importantly, the actions have been underway whilst our

agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised.

The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

2.10 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding. Two Inspectors visited Newmarket Training Centre and undertook a detailed review.

2.11 Whilst Ofsted recognised that we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and felt less able to raise concerns. The outcome of the review was 'Insufficient Progress'.

2.12 As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

2.13 Since then, we have been working closely with Health Education England to source an alternative provider and have recently signed a contract with the education provider MediPro.

2.14 We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

2.15 To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge behaviour in the workplace

2.16 Additionally, The Trust has taken a number of actions to address the specific concerns of Ofsted, including:

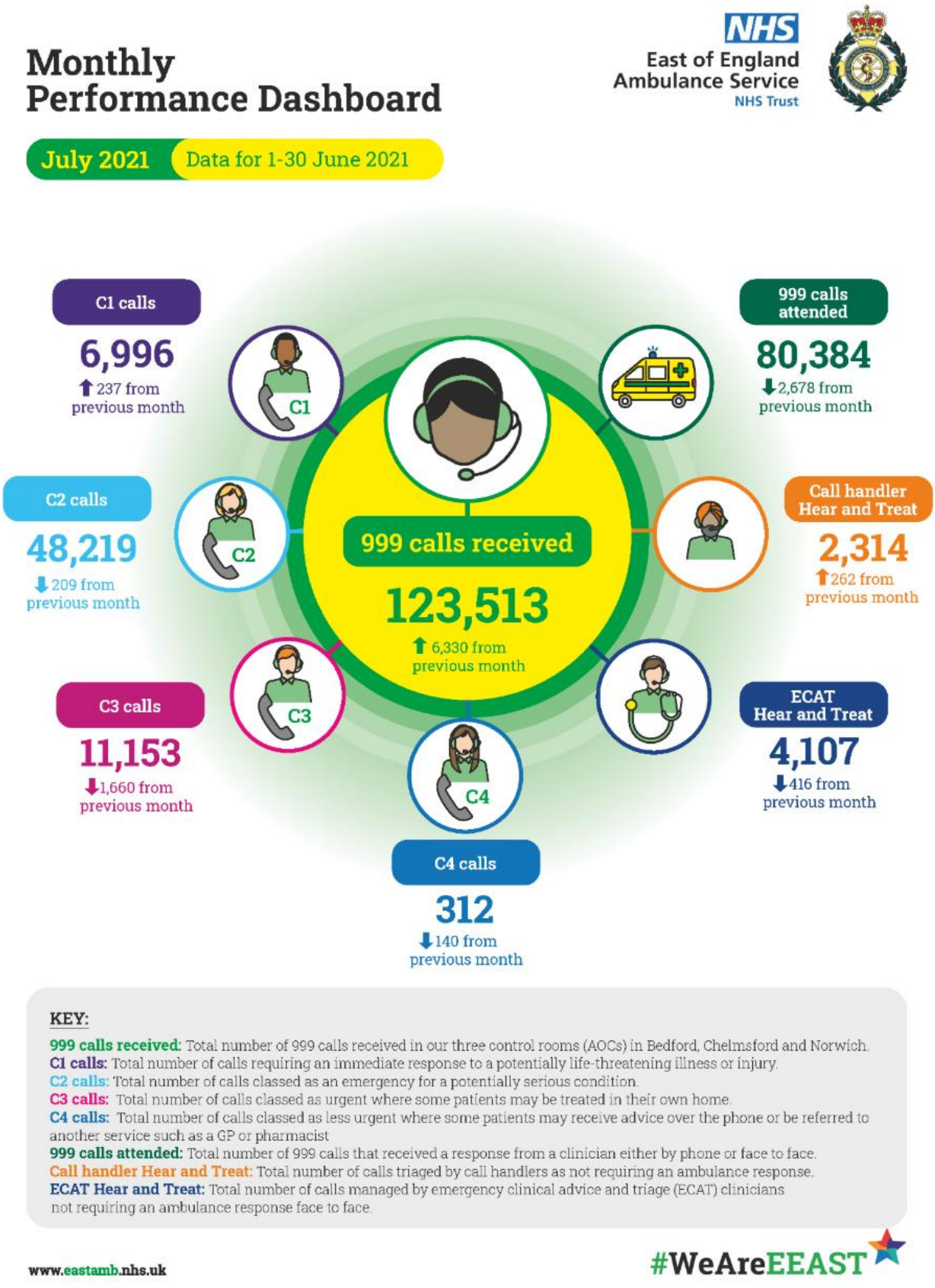
- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored

- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training

- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data

- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

3.0 Region-wide performance overview



4.0 Local Performance

4.1 Patients in Essex broadly receive an excellent standard of care.
Our response times have seen a slight decline due to a number of factors including COVID19/track and trace/sickness. This is disappointing as we saw an improvement in our response times over the last 24 months.

4.2 Since COVID restrictions ended earlier this year, we have seen a steady increase in calls across the region which has led to extraordinarily pressure on our service.

4.3

4.4 This has been caused by a return to usual levels of accidents and other incidents, plus an additional increase in acute illness that has been linked with patients not highlighting illnesses earlier during lockdown.

4.5 To keep our patients safe and reflect this increased demand, we moved to Resource Escalation Action Plan (REAP) Level 4 (subject to weekly review) in August.
This is our highest level of operational activity and was carried out in accordance with the national REAP guidance – and a number of other ambulance trusts around the country have also moved to this level.

4.6 Moving to REAP 4 has enabled us to take the following actions:

- Place additional support within our control rooms to answer 999 calls.
- Increase the use of private ambulance services
- Consider requesting support from other agencies – such as colleagues within police and armed forces
- Further recruitment of frontline staff and PTS
- Increasing clinical support to our control rooms
- Reviewing meetings and training provision and pausing them where appropriate.
- Working with our system partners on hospital handover and patient movement.

We currently remain at REAP 4.

4.7 As a result of this we have taken a number of steps as an organisation to increase our patient facing staff hours this includes reassigning staff to front line roles, offering staff incentives and increasing third -party sector providers. COVID, as Members will appreciate, has brought many challenges to EEAST.

4.8 We continue to manage these challenges and continue to reduce the impact in partnership with our health and social care partners. Our main focus during this period has been on patient-safety and staff welfare. Nationally, EEAST continues to be in the top half of English ambulance trusts for performance; this is a big step forward from two years ago.

Essex	Standard	National Target	Apr 21	May 21	June 21
	C1 Mean	07:00	06:43	07:24	08:07
	C1 90th	15:00	12:16	13:49	15:15
	C2 Mean	18:00	21:51	28:19	35:52
	C2 90th	40:00	43:49	57:40	1:13:42
	C3 90th	02:00:00	02:50:35	04:36:28	06:01:09
	C4 90th	03:00:00	04:19:02	06:43:54	06:44:39

Trust	Standard	National Target	Apr 21	May 21	Jun 21
	C1 Mean	07:00	06:49	07:29	08:07
	C1 90th	15:00	12:43	14:10	15:15
	C2 Mean	18:00	19:57	25:24	31:52
	C2 90th	40:00	40:17	52:40	01:06:29
	C3 90th	02:00:00	02:13:36	03:37:40	04:37:20
	C4 90th	03:00:00	03:00:49	04:29:38	06:03:49

4.9 In Essex, where the territory ranges fully from urban to rural, and resources constantly move around to support the dynamics of the service, the main challenges to EEAST performance are:

- Delays at the front door of Emergency Departments.
  Across Essex there are five acute Providers.

- Continuing year-on-year increased demand on the 999 service, including an increase in primary care conditions and an increasing and elderly population.

- Coastal borders, this attracts higher activity in summer due to it being a population destination for holidays this is likely to increase with the likely travel restrictions and people vacationing domestically this year.

4.10 Rurality within Essex continues to have its challenges with delays reaching patients for Category 1 calls.

4.11 EEAST uses data to continually analyse and identify changing patterns of hotspots in order to support the challenges around service delivery. Level 1 Performance Meetings are held weekly with the local management teams to identify these challenges to support patient and staff safety.

4.12 In Essex, EEAST uses a versatile scheme of Urgent Tier Vehicles to ensure Health Care Professional (HCP) calls receive a timely response to convey these appropriate patients into Emergency Departments whilst ensuring emergency resources are available for 999 calls within the community. This risk-based approach ensures the patients within Essex receive the right response at the right time.

4.13 Hospital handover delays, in particular, can and do significantly impact upon EEAST's ability to provide a sufficient response, at peak-times.

4.14 As ambulances are held at Emergency Departments, more and more on-the-road resource is lost and it is quite common that when this occurs, after bringing in available temporary support from the next nearby resources, we will be forced to hold 999 patients in queue, for allocation once an available resource becomes clear at handover. These patients, as they wait, are constantly re-arranged by order of clinical priority and will be “welfare-called" by clinicians, deployed by EEAST in our 999 Control centres, who can escalate or de-escalate priority as required, making judgement-calls on patients whose condition may be worsening or stabilising. The following charts illustrate this effect.

Arrival to Handover Data for Quarter 1 for all 5 Acute Hospitals

Hospital Name	A2H Count	A2H < 15 min Count	A2H < 15 min %	A2H > 15 min Count	A2H > 15 min Time Lost hh:mm:ss	A2H > 15 min %	A2H > 30 min Count	A2H > 30 min Time Lost hh:mm:ss	A2H > 30 min %	A2H > 60 min Count	A2H > 60 min Time Lost hh:mm:ss	A2H > 60 min %
Basildon & Thurrock Hospital	2601	1742	66.97%	859	90:52:42	33.03%	86	13:42:06	3.31%	8	1:04:32	0.31%
Broomfield Hospital	2567	1117	43.51%	1450	145:57:14	56.49%	90	22:40:18	3.51%	12	5:56:05	0.47%
Colchester General Hospital	3251	1143	35.16%	2108	189:39:09	64.84%	63	10:19:58	1.94%	7	0:54:30	0.22%
Princess Alexandra Hospital	1620	484	29.88%	1136	422:57:09	70.12%	470	234:32:02	29.01%	145	102:26:04	8.95%
Southend University Hospital	2610	546	20.92%	2064	305:58:44	79.08%	272	53:27:30	10.42%	24	9:00:34	0.92%
Total	**12649**	**5032**	**39.78%**	**7617**	**1155:24:58**	**60.22%**	**981**	**334:41:54**	**7.76%**	**196**	**119:21:45**	**1.55%**

Average Arrival to Handover in minutes – target 15 mins.

AGM Name	Apr-21	May-21	Jun-21
Mid Essex	00:17:16	00:17:08	00:15:07
North Essex	00:17:42	00:18:05	00:18:06
South East Essex	00:21:26	00:22:20	00:23:24
South West Essex	00:16:26	00:16:31	00:18:01
West Essex	00:28:39	00:28:44	00:35:43
Total	**00:19:27**	**00:19:51**	**00:20:40**

Handover to Clear Data for Quarter 1 for all 5 Acute Hospitals

Hospital Name	H2C Count	H2C < 15 min Count	H2C < 15 min %	H2C > 15 min Count	H2C> 15 min Time Lost hh:mm:ss	H2C > 15 min %	H2C > 30 min Count	H2C > 30 min Time Lost hh:mm:ss	H2C > 30 min %	H2C > 60 min Count	H2C > 60 min Time Lost hh:mm:ss	H2C > 60 min %
Southend University Hospital	2609	2183	83.64%	426	63:51:24	16.32%	90	20:16:25	3.45%	6	1:43:01	0.23%
Princess Alexandra Hospital	1619	988	60.99%	631	82:32:55	38.95%	84	17:14:18	5.19%	9	1:40:16	0.56%
Basildon & Thurrock Hospital	2599	2115	81.31%	484	45:35:27	18.61%	58	10:22:58	2.23%	3	1:20:37	0.12%
Colchester General Hospital	3251	1977	60.81%	1274	87:03:51	39.19%	34	4:24:10	1.05%	1	0:11:13	0.03%
Broomfield Hospital	2567	2113	82.31%	454	27:17:25	17.69%	13	2:09:01	0.51%	1	0:09:34	0.04%
Total	**12645**	**9376**	**74.12%**	**3269**	**306:21:02**	**25.84%**	**279**	**54:26:52**	**2.21%**	**20**	**5:04:41**	**0.16%**

Average Arrival to Handover in minutes – target 15 mins.

AGM Name	Apr-21	May-21	Jun-21
Mid Essex	00:12:32	00:12:35	00:12:36
North Essex	00:13:52	00:13:46	00:14:00
South East Essex	00:12:31	00:12:49	00:13:08
South West Essex	00:13:09	00:13:21	00:13:25
West Essex	00:14:48	00:14:58	00:14:51
Total	**00:13:15**	**00:13:23**	**00:13:30**

4.15 EEAST continues to work closely with CCG and hospital colleagues at all levels to identify and reduce the impact of delays as much as possible.
We have dedicated Hospital Arrival Liaison Officers (HALOs) deployed at all hospitals 12 hours per day, 7 days a week.
They work with our NHS colleagues in the hospital trusts to identify barriers to timely patient handovers, provide smoother patient transitions and offer support at times of increased demand.

4.16 “111 First”, where the public are encouraged to contact 111 if they have an urgent care need, continues to be one of the tools the NHS can use to improve response times and delays at hospitals.

4.17 The 111 service allows patients to be directed to the right service that can meet their needs quickly, first time. They have access to pre-bookable slots in Emergency Departments, a range of same-day emergency care clinics and to a 2-hour urgent response from the community.

4.18 By pre-booking urgent care services within hospitals and the community we expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover

4.19 EEAST’ senior management meet weekly to review performance and take action to support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g., seasonal or event planning.

5.0 Other Projects and Progress (including Resilience Planning)

EEAST collaborates with health and care system partners through three Integrated Care Systems (ICS's), each of which cover parts of Essex:

- Mid and South Essex (MSE)
- Suffolk and North East Essex (SNEE)
- Hertfordshire and West Essex (HWE)

5.1 Mid and South Essex (MSE)

In Mid and South Essex, EEAST are engaged in a large number of collaborative workstreams. Some examples of recent engagement and the benefits are below.

5.2 Mid and South Essex NHS Foundation Trust (MSEFT) Emergency Department Flow and Admission Avoidance workstreams covering:

- Same Day Emergency Care (SDEC)- standardisation across the three hospital sites in terms of policy and processes, as well as direct access to Broomfield SDEC clinics agreed and in place for EEAST advanced paramedics in urgent care. There are also plans underway to develop a single criteria for direct access to all SDEC pathways for all EEAST paramedics across the whole of MSE.

- Urgent Treatment Centre (UTC)- EEAST have been engaged with the development of the model for UTC across MSE and are looking at how the service can be utilised by EEAST to avoid conveyance to Emergency Departments.

- Mental Health suites within the Emergency Department (ED)- standardisation across the three hospital sites in terms of policy and processes. It is hoped that once this initial tranche of work is completed, direct access for EEAST clinicians can be discussed/considered.

- Rapid Assessment and Triage (RAT) within Emergency Departments - standardisation across the three hospital sites in terms of policy and processes. The effective functioning of the RAT process within Emergency Departments has a direct impact on ensuring that ambulance handover delays are kept to a minimum. Broomfield have led this piece of work for MSE and have seen a dramatic reduction in arrival to handover delays as a result.

5.3 Further collaboration and integration with the Urgent Community Response Team (UCRT)

EEAST have continued to develop relationships with, and help to promote to their crews, the UCRT service and we have seen an increase in ambulance referrals as a result. Workshops have been held for EEAST staff, as well as a full communications campaign and the EEAST and UCRT local management teams meet on a weekly basis to ensure focus on progress and to address any issues. UCRT also continue to have clinicians within EEAST's Ambulance Operations Centre (AOC) who are trained to triage calls directly at source and direct apropriate activity to UCRT in order to avoid the need to send an ambulance.

5.4 EEAST has maintained provision of our Hospital Ambulance Liaison Officers (HALOs) at each of the three MSE hospital sites in order to manage the flow of patients arriving by ambulance into the ED departments. This has also resulted in a reduction in handover to clear times and supported the hospital to reduce their arrival to handover times.

5.5 Patient transport services have continued to transport high-risk patients during the pandemic and have adopted a risk-based approach to transporting these patients to out-patients appointment and clinics.

5.6 North East Essex (SNEE)
North Essex is part of the Suffolk and North East Essex ICS. There are established Early Intervention Schemes serving the North Essex communities. These schemes combine clinical specialities such as Advanced Paramedic Practitioners and Occupational Therapists with Ambulance Technicians who provide clinical interventions and prevent hospital admissions.

5.7 The North East Essex Urgent Community Response Service (UCRS) is a new admission avoidance service launched in December 2020. The service treats patients who have been identified as being in crisis within their own home. The service is being delivered by a variety of North East Essex Health and Wellbeing Alliance partners and gives patients in Colchester and Tendring access to a range of health, social care reablement and voluntary sector interventions, based on individual need.
The fully integrated multi-agency team works 24/7 across organisational boundaries and provides a rapid response assessment within two hours. We have been closely involved in the development of the UCRS and EEAST clinicians can refer patients into the service to obtain a wrap-around care package whilst avoiding admission to hospital.
The UCRS also refers into EEAST to avail of the services of the Early Intervention Schemes**.**

5.8 EEAST are in the early stages of planning a dedicated Mental Health Joint Response Unit car for North Essex whereby a Paramedic will work directly alongside a Mental Health Practitioner to ensure patients receive appropriate treatment and support when most vulnerable. Working in collaboration with North Essex CCG and Essex Partnership University Trust (EPUT) this model could enhance the service available to patients through joint working and sharing of resources across the wider healthcare system.

5.9 EEAST are undertaking a process mapping exercise of ambulance arrival-to-clear processes. Our Hospital Ambulance Liaison Officer (HALO) and sector Quality Improvement lead are utilising a QI methodology to explore any areas of improvement.

5.10 EEAST are utilising a designated triage clinician, in the Ambulance Operations Centre (AOC), with a focus on the Suffolk and North East Essex area. The clinician will review outstanding C3, C4 and C5 999 calls and direct patients to alternative care pathways such as the new home visiting service recently commenced by the Practice Plus Group.

5.11 EEAST are promoting the use of the Urgent Community Response Service (UCRS) and the NHS 111 star line for healthcare professionals, offering expert advice. These services are used to assist clinical decision making so that a patient may be directed to an alternative care pathway without attending the Emergency Department.

5.12 **West Essex (HWE)**
West Essex is part of the Hertfordshire and West Essex ICS. EEAST have a good relationship across the ICS and locally in West Essex. EEAST has regular meetings with the local acute Trust Princess Alexandra Hospital and the local Commissioner, West Essex CCG. EEAST are also involved in the Urgent and Emergency Care Network locally.

5.13 The West Essex system has been supportive of having additional schemes in place to assist with patient flow. An example of this is the Hospital Arrival Liaison Officer role which has

been in operation locally for many years now. A positive outcome for the system and patient care was to change the hours of operation for the HALO role. Instead of running 9am – 9pm it was thought it would be beneficial to operate from 11am until 11pm as hospital delays occur in the latter part of the day.

5.14 West Essex also has a Rapid Intervention Service (RIS). The main role of the RIS is to support primary care with rapid/on-the-day assessment/diagnostic and clinical intervention to prevent hospital admissions for patients who:

- Do not require an acute admission/hospital care
- Require immediate nursing/therapy/personal care to stabilise them in their own home (which may be a care home)
- Has the potential for improvement
- Have a non-life-threatening condition and would have been conveyed to Princess Alexandra Hospital and/or admitted to hospital
- This service can provide these patients with assessment of minor illness and minor injury and can respond to acute exacerbation of chronic conditions with GP support (or substituting clinician where this is required) so that the patient has access to necessary diagnostic services

5.15 As a result of the RIS, West Essex has one of the lowest conveyance rates across the EEAST region. As the beginning of August this scheme expanded from just operating in Harlow to also include Loughton.

5.16 In addition to the emergency services contract EEAST also hold the non-emergency patient transport services contract in West Essex. This works with the system but has had its challenges during the pandemic due to social distancing rules and EEAST not being able to cohort a number of patients together. EEAST has been fortunate to secure military support across the region with non-emergency patient transport contracts.

5.17 **Other partnership working initiatives operated by EEAST in Essex include:**

5.18 Advanced Paramedics in Urgent Care – from 1st April 2021, Primary Care Networks (PCN's) will have full funding, under the Additional Roles Retention Scheme (ARRS), for the recruitment of Paramedics. This could represent a significant loss of many of our most experienced staff across the East of England region. To mitigate this, we developed a collaborative working model offer with PCNs for the rotation of appropriately qualified staff into Primary Care. We have had discussions with numerous PCN's across Essex that are interested in taking up this offer.

5.19 EEAST colleagues are members of the **Essex Blue Light Collaboration Board** that sees partners from EEAST, Essex Police and the Essex County Fire & Rescue Service (ECFRS) come together to work on a number of collaborative projects in conjunction with the Police, Fire and Crime Commission (PFCC). Within this work there is also an Estates Collaboration Board. One current initiative benefiting Essex from this joint working is the introduction of a Tri-Service Rural Community Officer who is serving to represent all three emergency services within the Dengie Peninsula.

5.20 The developments of the **Sizewell C** and **Bradwell B** Nuclear Power Plants, as well as the **Lower Thames Crossing**, all present challenges to the Essex area due to the proposed increase in population and the predicted demand placed on the transport network throughout the construction phases. We are working closely with blue light partners and health partners in assessing the risk and modelling predicted impact to our services. This

in turn will support the application for developer section 106 funding through the planning process.

5.21 **Co-response** - Currently within Essex, we have a number of community-based resources; these ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 CFR's split into 250 schemes trust wide.
We also use Great Baddow, Chelmsford and Braintree Fire Stations as cover points.
As part of the response to COVID-19 we have also continued to receive support from both Essex Fire and Police, for example Fire Service staff working under bank contracts as drivers for ambulances and we have also now finalised plans for formal utilisation of any police officers carrying defibrillators as a form of first response to any cardiac arrest calls when EEAST is under severe pressure and does not immediately have a resource in the near vicinity.

6.0 **Conclusion**

EEAST has a new chief executive in place and is making progress towards meeting the requirements of the Care Quality Commission and the Equality and Human Rights Commission. We have also moved swiftly to prevent disruption to students caused by withdrawing of our training funding following our Ofsted report.

6.1 Operational demand and pressure remain, with mitigating actions being undertaken in accordance with our escalation plans. We have experienced a surge in demand over summer, which was experienced by other ambulance services and the NHS in general. Our staff have stepped to offer additional shifts and we have worked closely with NHS and other colleagues to identify causes for ambulance delays and find innovative ways to deal with them.

6.2 Our work on progressing to the next stage of our improvement journey has commenced, this focusses on solid foundations in 5 key areas. These underpin how we can move forward sustainably.
We are now preparing our plans for the coming challenge of Winter.

6.3 **Preparing for Winter**

EEAST, along with the rest of the NHS, are anticipating an extremely busy winter.
As the COVID-19 pandemic continues we work with regional and national colleagues to prepare for any future spikes in cases.

6.4 COVID-19 protocols remain in place throughout the NHS and we maintain a steady flow of communication to remind staff of this. We continue to monitor and mitigate risks to our staff and patients.

6.5 Vaccine uptake amongst staff is a vital part of that mitigation. After a second 12-week programme, we have now completed the course of two doses for more than 90% of our staff vaccinated, putting us in the top 20 of trusts for staff vaccination rates.

6.6 Plans are in place to keep our frontline workforce COVID-secure as restrictions are lifted. We are now aiming to ensure our support services teams can return safely to offices or adopt a hybrid approach in line with the Government's roadmap.

6.7 As we plan for increased demand across the winter months, we are:

- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls.
- Offering overtime and other incentives to get more ambulances on the road.
- Setting plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and are also directing around 1,500 patients per week to other sources of help.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 online, pharmacies and their GPs.

Reference Number: HOSC/05/21

Report title: East of England Ambulance Service	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 10 February 2021	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The Committee requested an update on how the East of England Ambulance Service is progressing with implementing the recommendations put forward by the Care Quality Commission in September 2020, along with a general update on other aspects of the service.

2. Action required

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

3. Background

3.1 In September 2020, the East of England Ambulance Service was placed into special measures by the Care Quality Commission. As a result, the Care Quality Commission recommended a number of measures be implemented.

3.2 The Committee agreed that in order to give the East of England Ambulance Service time to begin implementing these measures, they would be invited to its February 2021 meeting to provide an update.

3.3 The Committee have also received a wider update covering aspects of performance, the impact of Covid-19 and staffing progress.

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

Appendix A: East of England Ambulance Service Trust Report
Appendix B: Quality Improvement Plan

EEAST Report to Essex County Council Health Scrutiny Committee

Mid and South Essex STP

North Essex

West Essex

Report Period: 2019-2020

Date of Report: 1 February 2021

1. Executive Summary

1.1. The purpose of this paper is to provide a briefing on the implications of the CQC Report on the Essex.

1.2. At the end of September, following the focussed “well-led?” CQC inspection in the summer 2020, the Care Quality Commission (CQC) published an inspection report into our Trust. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day. The subsequent decision to put EEAST into Special Measures is something that EEAST welcomes, as it has brought with it additional personnel and resources, designed to help us improve.

1.2.1 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded. The findings show that colleagues at every level of the Trust are experiencing, have experienced or witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.

1.2.2 The Trust has developed a Quality Improvement Plan (QIP) to address the must-do’s areas within the enforcement notices, which is monitored monthly via the Oversight and Assurance Group led by NHSE/I. This adds a twelfth set of “must-do’s”, in relation to NHSE/I.

1.2.3 Some key examples of the action we have taken as part of the QIP include:

- Increased promotion of Freedom to Speak Up Guardian
- Wellbeing support and provision being reviewed, promoted and improved
- Instigated a Trust wide review of all cases involving sexual harassment
- Independent investigators appointed to strengthen and speed up some HR processes.
- Coaching and support put in place for managers
- 'Speak up, speak out, stop it' campaign deployed across Trust
- Relevant policies reviewed, updated and implemented
- 'Pulse' surveys being taken to check staff views on progress regularly

1.3 The ambulance response programme (ARP) standards were introduced in October 2017 (Appendix 1). The NHS Operational Planning and Contracting Guidance 2020/21 for urgent and emergency care includes the following in relation to ambulance performance:

a) For the proportion of patients who arrive in Emergency Departments by ambulance, we will continue to work with the system on safely reducing avoidable conveyance to emergency departments. Further work is needed to ensure ambulances are swiftly available to respond to other incidents and calls, therefore continued focus with acute trusts on avoiding ambulance handover delays at hospital is required, as well as to eliminate ‘corridor care’.

b) Ambulance services should ensure they meet the ambulance response time constitutional standards.

In Essex, EEAST performs well, in comparison with the greater challenges of rurality we face in many other locations across the East of England. Performance is affected this winter by the pressures from handover delays at the hospitals and the national state of alert as a result of Covid19. We continue to work collaboratively with system-partners to overcome challenges as they arise.

1.3.1 For the ambulance service the factors at play in Essex, in relation to handovers at the local hospitals, are in relation to the efficiency of circulation in our systems. System-partners have a degree of control in this, and we work closely with the acute trust and the CCG.

1.3.2 Ambulances mostly do not sit at base during shift, they are mostly mobile between locations, with patients, and at hospitals. Crews begin each shift from their Ambulance station and take up a set of data-engineered response positions. These enable us to shorten the distance and time we can expect to take, to reach the maximum proportion of the area population.

1.4 The interaction between ambulance circulation on the road and reducing hospital handover delays is crucial. EEAST and our hospital partners have been working together to implement processes to support re-circulation of ambulances under high pressures, which are usually transient, but can become extended.

2 CQC Report and response

2.1 At the end of September, following the focussed “well-led?” CQC inspection in the summer 2020, the Care Quality Commission (CQC) published an inspection report into EEAST. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.

2.2 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded.

2.3 The findings show that colleagues at every level of the Trust are experiencing, have experienced, or have witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.

2.4 We did not wait for the survey before beginning to act where we knew we needed to. We have also asked staff to speak up and speak out. Many staff have taken this brave step - either to a line manager, our Freedom to Speak Up Guardian or directly to the executive.

2.5 We have acted on these concerns. We have intervened to stop poor behaviour, addressed grievances earlier and updated outdated policies. We have heard directly how we can and should change our culture. All the information provided will be used, and in confidence, to tackle poor behaviour and improve the Trust’s culture for the long term.

2.6 The CQC imposed two enforcement notices on the Trust under S31 and S29A. This comprised of eleven “must-do’s” areas covering aspects such as safeguarding, HR governance and processes, private ambulance provision, complaints, action plans and bullying and harassment.

2.7 The Trust has developed a Quality Improvement Plan (QIP) to address the must-do’s areas within the enforcement notices, which is monitored monthly via the Oversight and Assurance Group led by NHSE/I. This adds a twelfth set of “must-do’s”, in relation to NHSE/I.

2.8 The work undertaken to date by the trust has resulted in the establishment of a further 44 new ‘second phase’ actions, designed to either further improve the elements within that aspect of the QIP, or to support embedding the changes, or provide monitoring and assurance. This approach has included the commencement of establishing some measures across the twelve areas of the QIP. As a result, at the point of this report 168 actions have been established to support delivery of the improvements required. Of these, 149 directly align to the CQC must do areas, with the remaining 19 being NHSI-support plan actions to support an overall sustainable change.

2.9 Of the 168 actions, 74 (44%) are ready for closure, subject to careful review of the evidence for these completed actions. (Detailed QIP progress status is shown in Appendix A, as of 4th January 2021.)

2.10 Some key examples of the action we have taken include:

- Increased promotion of Freedom to Speak Up Guardian
- Wellbeing support and provision being reviewed, promoted and improved
- Instigated a Trust wide review of all cases involving sexual harassment
- Independent investigators appointed to strengthen and speed up some HR processes.
- Coaching and support put in place for managers
- 'Speak up, speak out, stop it' campaign deployed across Trust
- Relevant policies reviewed, updated and implemented
- 'Pulse' surveys being taken to check staff views on progress regularly

2.11 The feedback from staff and managers in areas where interventions have taken place is that they are already noticing a positive difference, but we will regularly assess work and progress. The survey will be carried out again in a year’s time to check how staff are feeling and how much progress has been made.

2.12 We all want EEAST to be an excellent place to work. We want every member of staff to be treated equally, fairly and considerately. We are taking the approach that one case of inappropriate behaviour is one case too many.

2.13 The leadership will not tolerate poor behaviour. We are making it very clear to every member of staff through a new campaign and in all our engagement with them that: if they are being bullied or harassed, we want people to Speak Up; if they see other people being bullied or

harassed we want them to Speak Out against it, and if they are bullying or harassing others, they must Stop.

2.14 We have shared these findings with our staff and are holding engagement sessions with them as part of our ongoing improvement work. We provide regular assurance to the CQC, NHSE&I and other partners on progress. We continue to update stakeholders and partners on our action plan. We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

3 Performance Overview

Patients in Essex receive an excellent standard of care and good response times, and we have seen an improvement over the last two years. Covid, as Members will appreciate has brought many challenges to EEAST. We have managed these challenges and lessened the impact in partnership with our health and social care partners. Our main focus during this period has been on patient-safety and staff welfare. Nationally, EEAST is in the top half of English ambulance trusts for performance; this is a big step forward from two years ago.

Essex	Standard	National Target	Apr 20	May 20	June 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
	C1 Mean	07:00	08:17	06:18	06:46	06:29	07:04	06:59	07:00	6:31	7:30
	C1 90th	15:00	14:39	11:26	12:06	11:38	13:07	13:05	12:37	11:41	13:31
	C2 Mean	18:00	26:54	16:13	18:55	20:32	23:50	23:49	24:38	20:20	33:25
	C2 90th	40:00	59:14	31:58	38:43	41:43	49:57	48:21	49:34	40:46	1:10:01
	C3 90th	02:00:00	02:34:15	01:20:17	01:44:47	1:58:39	02:34:43	2:39:39	2:54:13	2:22:05	4:56:27
	C4 90th	03:00:00	04:00:40	02:08:27	02:34:36	2:25:56	03:34:22	3:43:37	3:42:40	3:08:02	4:28:57

Trust	Standard	National Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
	C1 Mean	07:00	07:56	06:17	06:34	06:41	07:08	07:06	07:07	07:38	07:18
	C1 90th	15:00	14:06	11:25	12:01	12:27	13:20	13:12	13:13	14:04	13:31
	C2 Mean	18:00	21:47	14:51	16:57	19:12	22:25	22:55	23:45	24:58	26:36
	C2 90th	40:00	46:28	28:48	34:05	39:11	46:46	47:04	48:43	52:44	56:15
	C3 90th	02:00:00	01:44:32	01:08:33	01:25:48	01:41:12	02:14:03	02:22:47	02:32:25	02:41:46	03:32:40

	C4 90th	03:00:00	02:39:02	02:06:46	02:13:08	02:20:10	02:49:31	02:54:27	03:19:22	03:51:37	03:56:00

3.1 In Essex, where the territory ranges fully from urban to rural, and resources constantly move around to support the dynamics of the service, the main challenges to EEAST performance are:

3.1.1 Delays at the front door of Emergency Departments. Across Essex there are five acute Providers. Across our entire region this external factor has an impact on our ability to deliver a safe service, through lost ambulance hours, ability to respond in the community and supporting staff wellbeing.

3.1.2 Continuing year on year increased demand on the 999 service, including an increase in primary care conditions and an increasing and elderly population.

3.1.3 Coastal border, this attracts higher activity in summer due to it being a population destination for holidays this is likely to increase with the likely travel restrictions and people vacationing domestically this year.

3.1.4 The ability for EEAST to recruit staff along with other health partners locally due to the high cost of living and working in Essex. Annually we see a number of experienced staff transfer to areas of the trust – and to other ambulance trusts - where housing is cheaper.

3.1.5 The long-term legacy of Covid on the Local population such long term Covid, worsened pre-existing conditions, Mental Health, Domestic violence etc.

3.2 In Essex, EEAST uses a versatile scheme of Urgent Tier Vehicles to ensure Health Care Professional (HCP) calls receive a timely response to convey these appropriate patients into ED whilst ensuring emergency resources are available for 999 calls within the community. This risk based approach ensures the patients within Essex receive the right response at the right time.

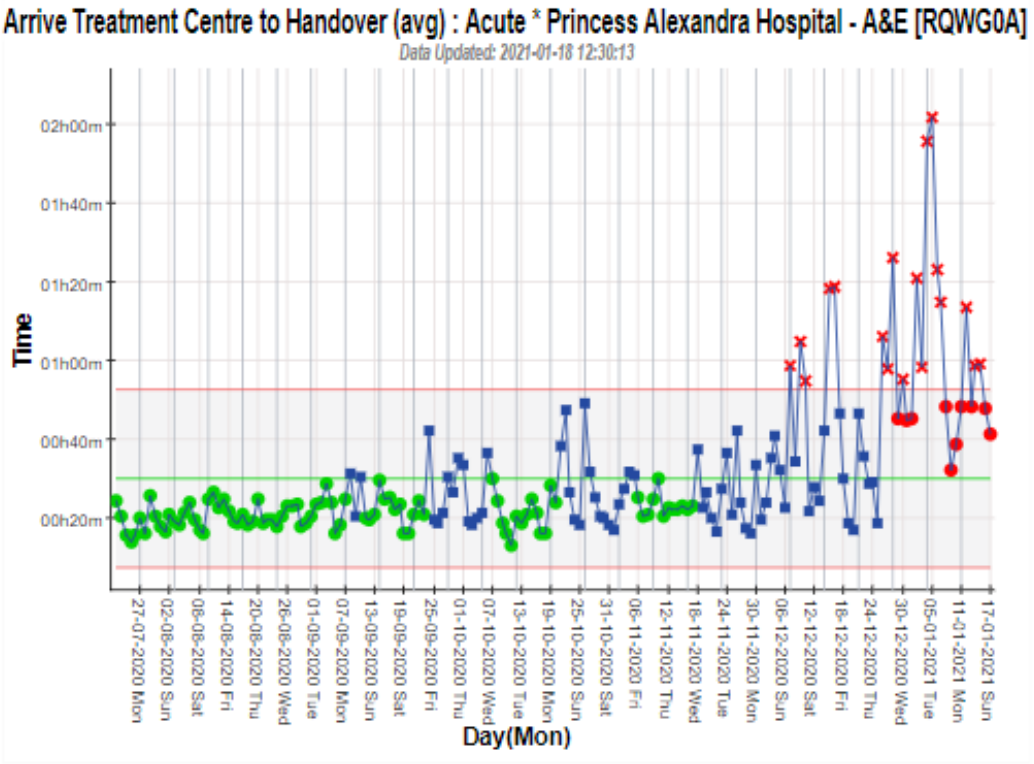
3.3 EEAST use “Power BI” data and “Informatics” to continually analyse and identify changing patterns of hotspots, differentiating between transient and persistent challenges. This can lead management to adjust response-point changes, sometimes weekly and by time of day, according to operating conditions and behavioural changes.

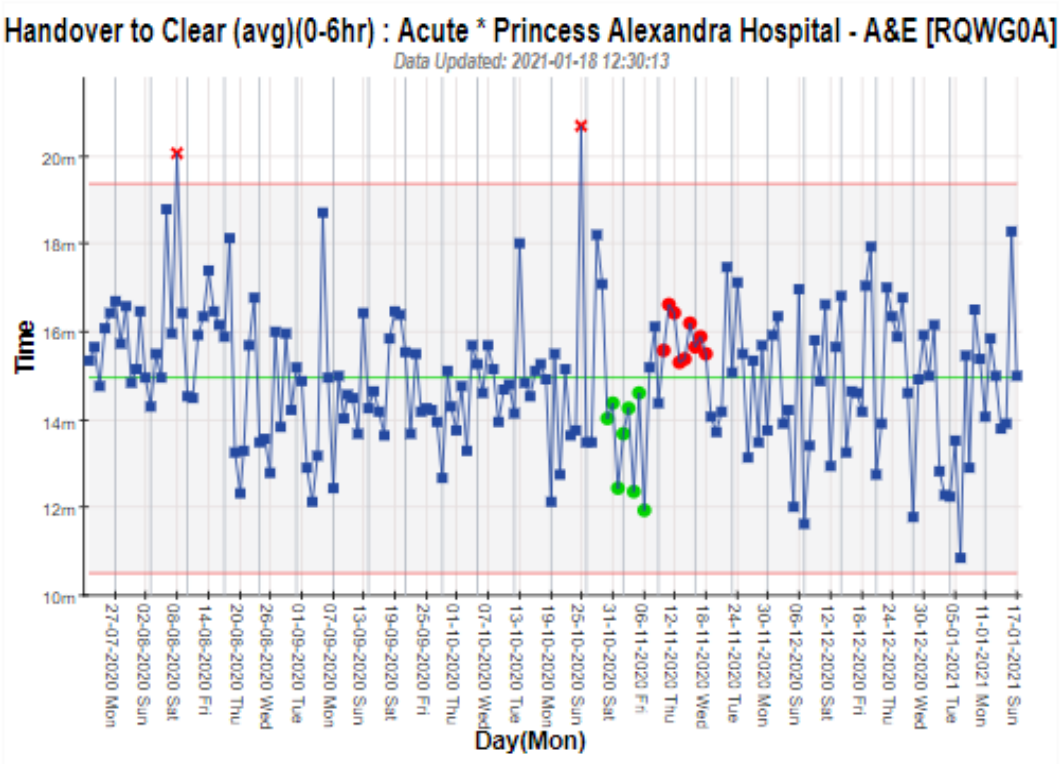
3.4 Hospital handover delays, in particular, can and do significantly impact upon EEAST’s ability to provide a sufficient response, at peak-times.

3.4.1 As ambulances are held at Emergency Departments, more and more on-the-road resource is lost and it is quite common that when this occurs, after bringing in available temporary support from the next nearby resources, we will be forced to hold 999 patients in queue, for allocation once an available resource becomes clear at handover. These patients, as they wait, are constantly re-arranged by order of clinical priority and will be “welfare-called" by clinicians, deployed by EEAST in our 999 Control centres, who can escalate or de-escalate priority as required, making judgement-calls on patients whose condition may be worsening or stabilising.

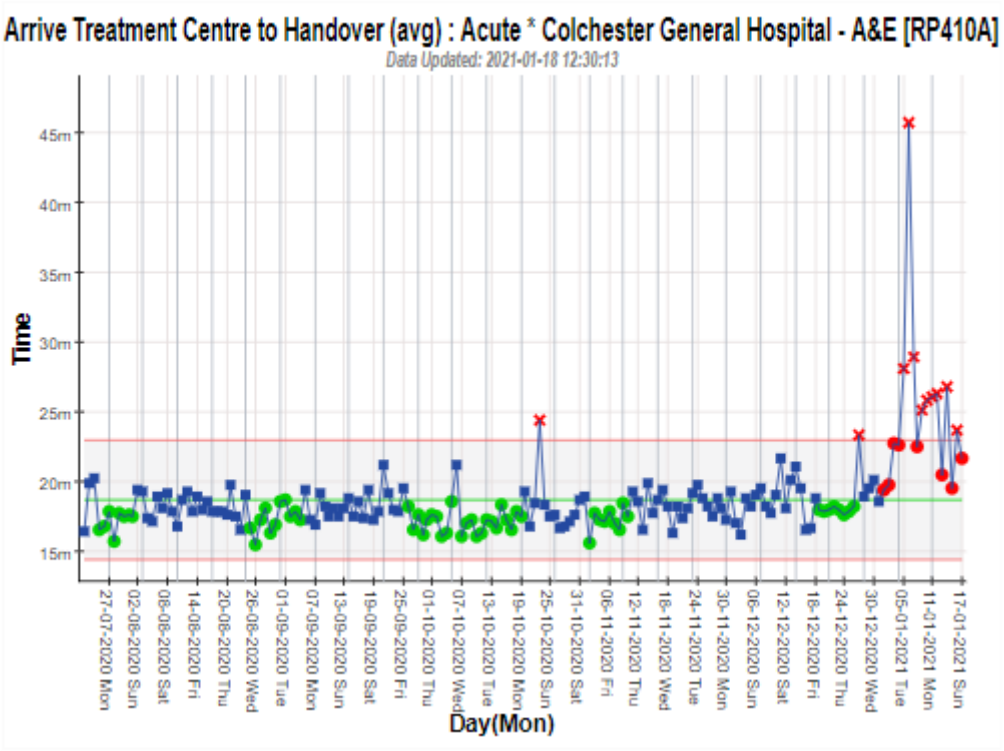
3.4.2 The following charts illustrate this effect.

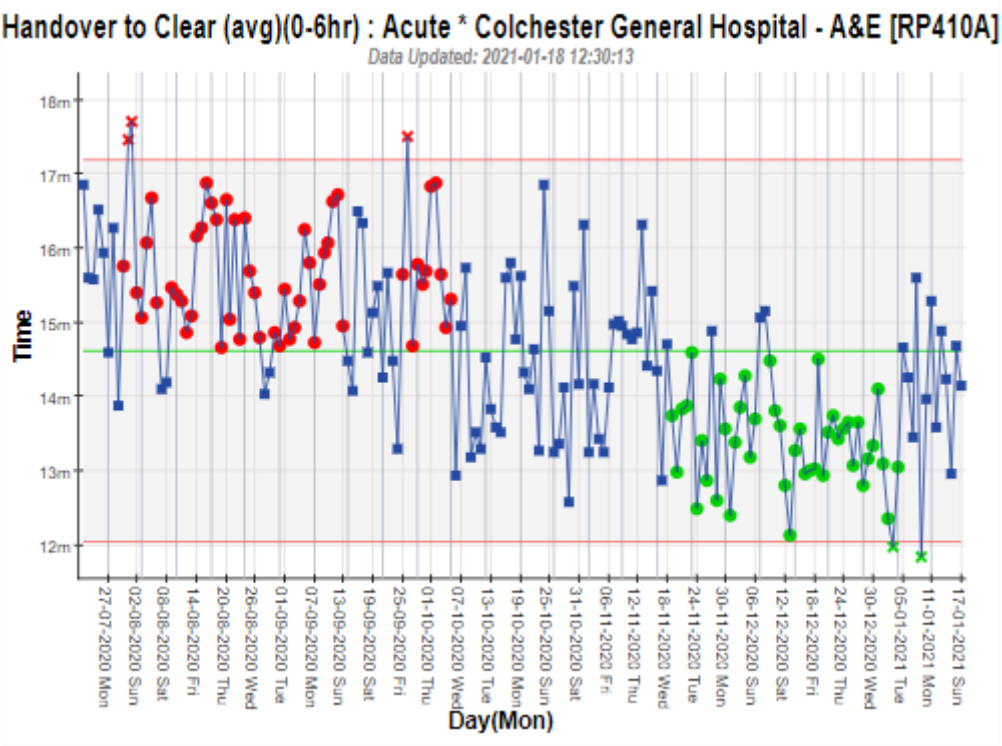
3.4.3 Handover performance at Princess Alexandra Hospital, Harlow:



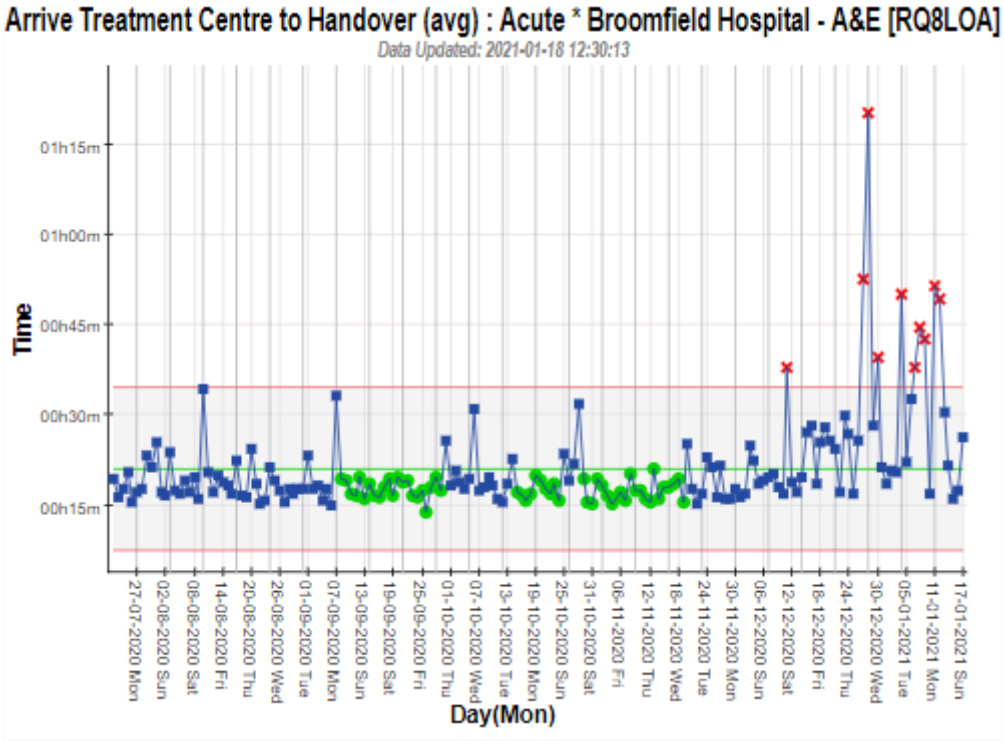


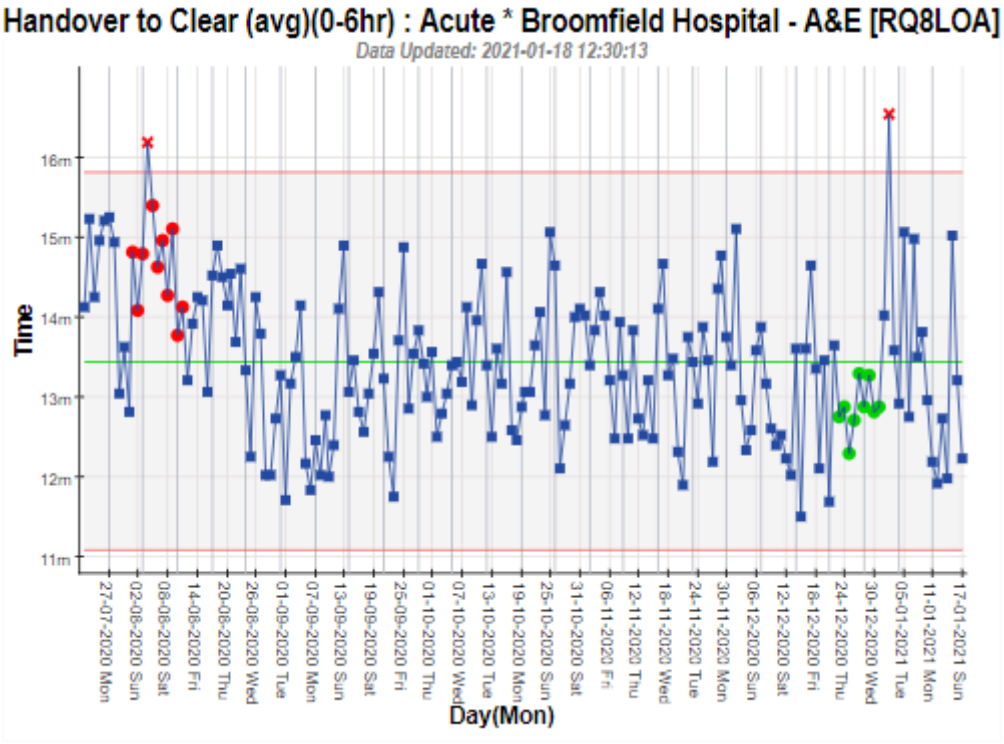
3.4.3 Handover performance at Colchester General Hospital, Colchester:



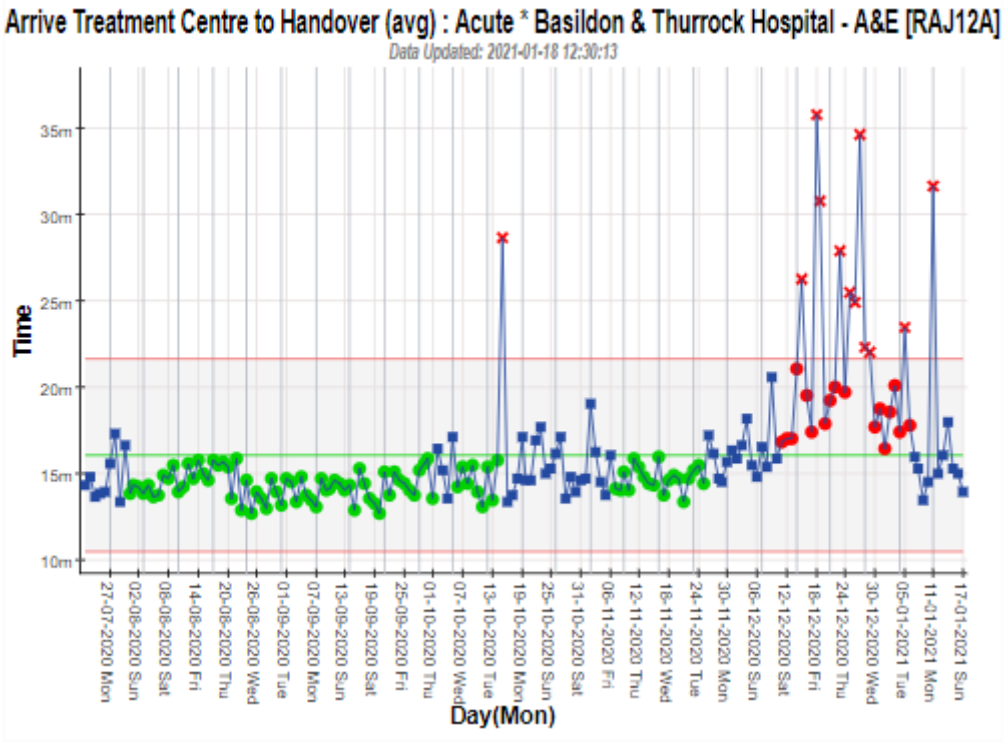


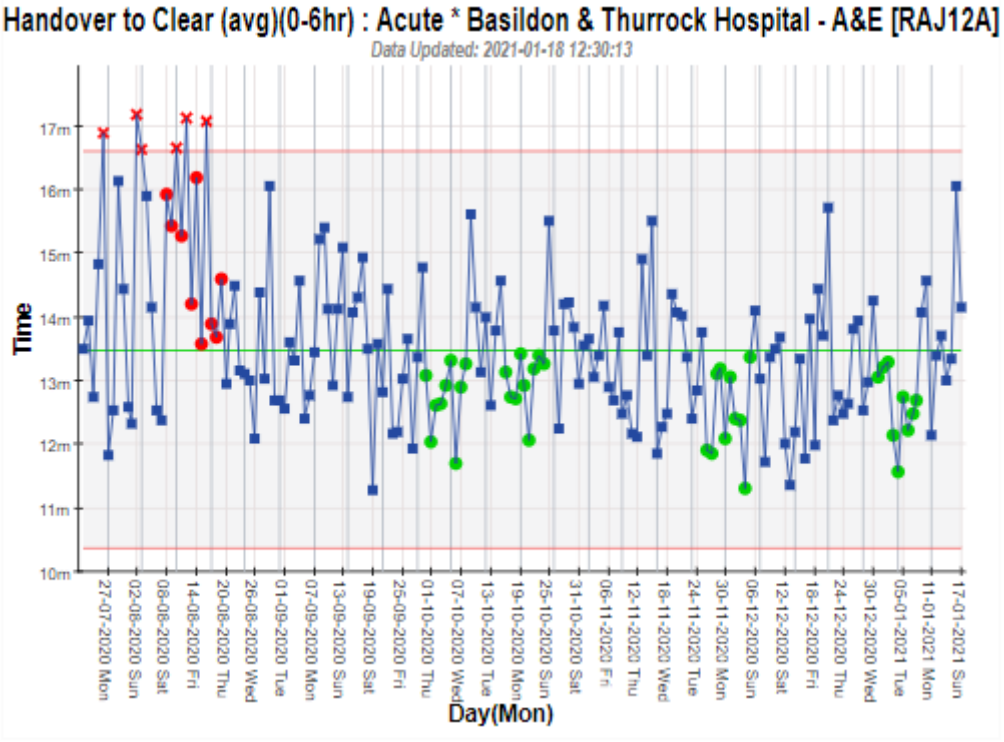
3.4.4 Handover performance at Broomfield Hospital, Chelmsford



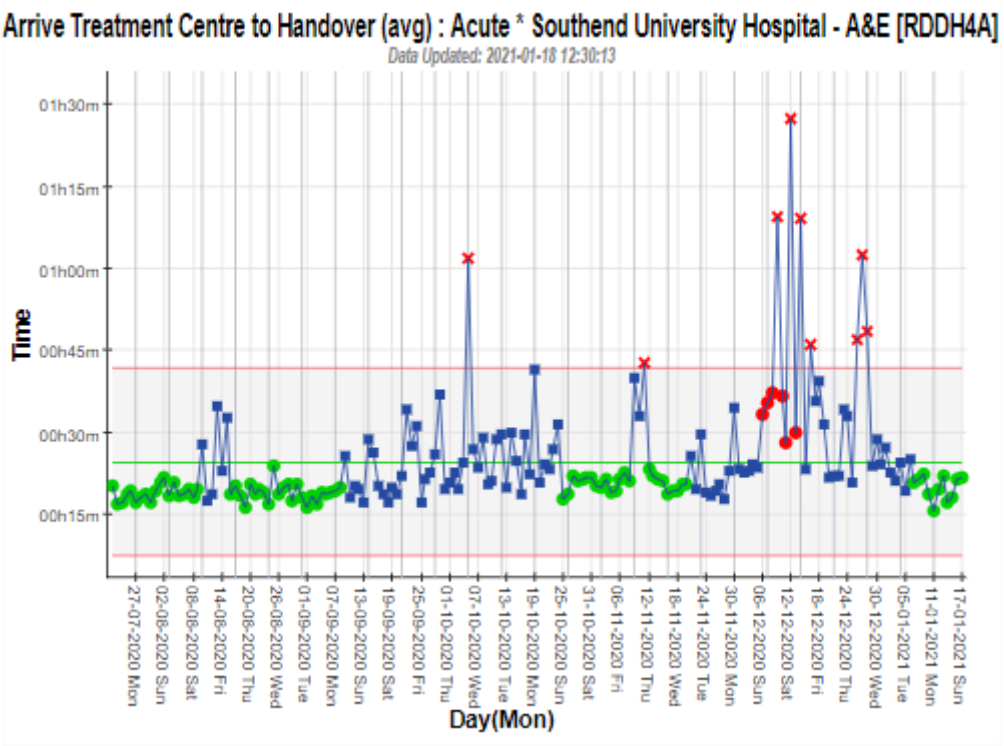


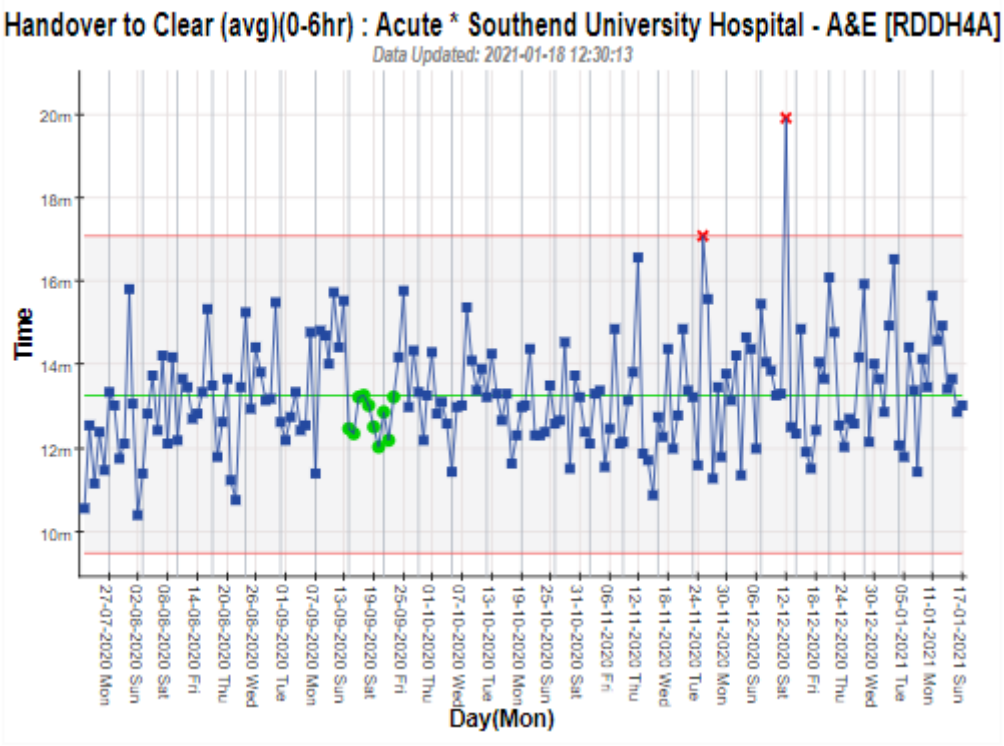
3.4.5 Handover performance at Basildon & Thurrock Hospital, Basildon





3.4.6 Handover performance at Southend University Hospital, Southend





3.4.7 Within EEAST we continue to work with CCG and acute trust colleagues at all levels to reduce the impact of these delays as much as possible, and to reduce the overall delay.

3.4.8 Hospital Arrival Liaison Officers (HALOs) are deployed at Mid Essex Hospitals 20 hours per day 7 days a week. At Princess Alexandra Hospital in Harlow the HALO works 12 hours per day, 9am until 9pm 7 days a week, and Colchester HALOS are 24/7.They help provide a smoother transition of flow for patients and support at times of delay and increased demand, and act as the conduit between the trusts to identify barriers to timely patient handovers. These are currently in place and funded until the end of the financial year, but are subject to funding to be agreed between the Ambulance Commissioning Consortium and the Trust.

3.5 “111 First”. As part of the national “phase 3” COVID-19 response the NHS Chief Executive wrote to NHS Trust Chief Executives and CCG Accountable Officers on 31 July asking them to prepare for winter.

3.5.1 A key element of this preparation is focussed on having a range of new offers in place for patients with low acuity /low complexity urgent care needs. This has been brought together under expanding “111 First”. The public will be encouraged to contact 111 if they have an urgent care need to allow them to be directed to the right service that can meet their needs quickly. The 111 service has access to pre-bookable slots in emergency departments, a range of same day emergency care clinics and to a 2-hour urgent response from the community.

3.5.2 By pre-booking a range of urgent care services within hospitals and the community we would expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover. The system has received a soft-launch, and at the time of writing there are no issues manifesting for EEAST.

3.6 The EEAST management team meet weekly to review performance and take action that may support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g. seasonal or event planning.

3.7 In summary, performance is at the upper end within the EEAST area and our aim continues to be to achieve all ARP standards, while running a highly dynamic service. We see performance as a continual challenge as we work towards consistently achieving all the ARP standards across the Trust.

Projects and Progress

EEAST collaborates with health and care system partners through three Sustainability and Transformation Partnerships/Integrated Care Services, each of which cover parts of Essex;

Mid and South Essex (MSE)
Suffolk and North East Essex (SNEE)
Hertfordshire and West Essex (HWE)

EEAST is working within each of these partnerships, to contribute to their locally-focused programmes of project-work, and build resilience for system-performance.

4.1 Mid and South Essex (MSE)

In Mid and South Essex, EEAST have increased the use of hear and treat clinicians within the control room.

With the three MSE acutes now working as one trust and the CCG working in shadow form this has allowed us to bring continuity to what we do and better engagement across the three sites. This arrangement is expected to bring better patient experiences within the MSE system over the coming years.

4.1.1 We are due to go live imminently with an Early Intervention Vehicle (EIV) in Mid Essex, Commissioned by Mid Essex CCG, whereby we will have a dedicated Rapid Response Vehicle staffed by our Advanced Practice Urgent Care (APUC) Paramedics. They will work alongside the Urgent Community Response Team (UCRT) and other available alternative care pathways to keep patients at home and avoid unnecessary conveyance to hospital and subsequent admission.

4.1.2 Mid and South Essex have worked closely with the CCGs in the commissioning of the Urgent Community Response Team (UCRT), including training UCRT clinicians to work within the EEAST Emergency Operations Centre to triage calls and send their team to respond as an alternative to an ambulance response where appropriate.

4.1.3 Mid and South Essex also been working closely with South Essex Commissioners to develop a direct conveyance pathway to the frailty unit that is being created at Brentwood Community Hospital. Whilst the go live of that pathway has been delayed slightly due to COVID-19 and the need for that Hospital to flex its ward capacity to support the system, we hope to operationalise this in the very near future.

4.1.4 EEAST are extending the hours of our Hospital Ambulance Liaison Officer (HALO) in order to manage the flow of patients arriving by ambulance into the ED departments in Mid and South Essex. This has also resulted in a reduction in arrival to handover times and handover to clear times.

4.1.5 EEAST have agreed a triage and treat operating procedure with the three acutes so if an untoward incident or significant surge of patients arrive at ED, these patients can be transferred to another ED safely.

4.1.6 EEAST are starting an early intervention vehicle at Chelmsford for a trial period of six months. This response car will be staffed by advanced Paramedic Practitioners with an aim to treat patients in their home after an enhanced assessment or direct referrals into the acute and thereby reducing ambulance conveyances and hospital admissions if appropriate and safe to do so.

4.1.7 Patient transport services have continued to transport high risk patients during the pandemic and have adopted a risk-based approach to transporting these patients to out-patients appointment and clinics.

4.2 North East Essex (SNEE)

North Essex is part of the Suffolk and North East Essex ICS. There are established Early Intervention Schemes serving the North Essex communities. These schemes combine clinical

specialities such as Advanced Paramedic Practitioners and Occupational Therapists with Ambulance Technicians who provide clinical interventions and prevent hospital admissions.

4.2.1 The North East Essex Urgent Community Response Service (UCRS) is a new admission avoidance service launched in December 2020. The service treats patients who have been identified as being in crisis within their own home. The service is being delivered by a variety of North East Essex Health and Wellbeing Alliance partners and gives patients in Colchester and Tendring access to a range of health, social care reablement and voluntary sector interventions, based on individual need. The fully integrated multi-agency team works 24/7 across organisational boundaries and provides a rapid response assessment within two hours. We have been closely involved in the development of the UCRS and EEAST clinicians can refer patients into the service to obtain a wrap-around care package whilst avoiding admission to hospital. The UCRS also refers into EEAST to avail of the services of the Early Intervention Schemes.

4.2.2 EEAST are in the early stages of planning a dedicated Mental Health Joint Response Unit car for North Essex whereby a Paramedic will work directly alongside a Mental Health Practitioner to ensure patients receive appropriate treatment and support when most vulnerable. Working in collaboration with North Essex CCG and Essex Partnership University Trust (EPUT) this model could enhance the service available to patients through joint working and sharing of resources across the wider healthcare system.

4.2.3 EEAST are undertaking a process mapping exercise of ambulance arrival to clear processes. Our Hospital Ambulance Liaison Officer (HALO) and sector Quality Improvement lead are utilising a QI methodology to explore any areas of improvement.

4.2.4 EEAST are utilising a designated triage clinician, in the Ambulance Operations Centre (AOC), with a focus on the Suffolk and North East Essex area. The clinician will review outstanding C3, C4 and C5 999 calls and direct patients to alternative care pathways such as the new home visiting service recently commenced by the Practice Plus Group.

4.2.5 EEAST are promoting the use of the Urgent Community Response Service (UCRS) and the NHS 111 star line for healthcare professionals, offering expert advice. These services are used to assist clinical decision making so that a patient may be directed to an alternative care pathway without attending the Emergency Department.

4.3 West Essex (HWE)

4.3.1 West Essex is part of the Hertfordshire and West Essex ICS. Here there is also a well embedded Rapid Intervention Service to support primary care with rapid/ on the day assessment / diagnostic and clinical intervention to prevent hospital admissions for patients. The service has been running since 2017 and operates Monday to Friday.

4.3.2 The service will also support carers when a crisis can threaten the stability of care and any support arrangements they have in place. This may be due to an alteration in their physical and mental health, or a temporary change in their social circumstances which makes it difficult for them to be maintained in primary care, without a short period of care and support.

4.3.3 If a patient is suitable for the service an intense short-term care plan in partnership with the registered GP will be implemented to prevent admission, with continuity of care arranged with mainstream health and care community provision.

4.4 Other partnership initiatives operated by EEAST in Essex include:

4.4.1 Advanced Paramedics in Urgent Care – from 1st April 2021, Primary Care Networks will have full funding, under the Additional Roles Retention Scheme (ARRS), for the recruitment of Paramedics. This could represent a significant loss of many of our most experienced staff across the East of England region. To mitigate this, we are developing a collaborative working model with PCNs for the rotation of appropriately qualified staff into Primary Care.

4.4.2 The developments of the Sizewell C and Bradwell B Nuclear Power Plants, as well as the Lower Thames Crossing, all present challenges to the Essex area due to the proposed increase in population and the predicted demand placed on the transport network throughout the construction phases. We are working closely with blue light partners and health partners in assessing the risk and modelling predicted impact to our services. This in turn will support the application for developer section 106 funding through the planning process.

4.5 **Co-response** - Currently within Essex, we have a number of community-based resources; these ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 CFR's split into 250 schemes trust wide. We also use Great Baddow, Chelmsford and Braintree Fire Stations as cover points. As part of the response to COVID-19 we have also received support from both Essex Fire and Police, for example Fire Service staff working under bank contracts as drivers for ambulances and we are exploring formal utilisation of any police officers carrying defibrillators as a form of first response to any cardiac arrest calls where EEAST does not immediately have a resource in the near vicinity.

4.6 **CCG-led workstreams include**:

4.6.1 National "NHS111-First" model commenced December 2020.

- Mobile patients are advised to contact the Emergency Department prior to an attendance in at hospital.
- Patients contact 111 and if they need to attend an Emergency Department, they will have the chance to be booked into a time slot in the Emergency Department.
- 111 services are also be able to book directly into Secondary Care "clinics", such as Surgical admission areas or same day Emergency Care "hot" clinics.

The national expectation has been that 20% of these mobile patients will be booked into a service rather than self-presenting to the Emergency Department, these services could be community services, as well as Primary Care services.

The reasons behind the move for patients to contact NHS111, are to try and stop any potential overcrowding in the Emergency Departments, to prevent potential infection spread with Covid-19 and Flu, which are big concerns this winter.

4.6.2 In SNEE, NHS 111 have committed to increase validation of C3 calls from 80% to 100% and will undertake additional review of C2 calls through the availability of a clinical floorwalker who can support staff and review C2 calls as they are received. The aim of

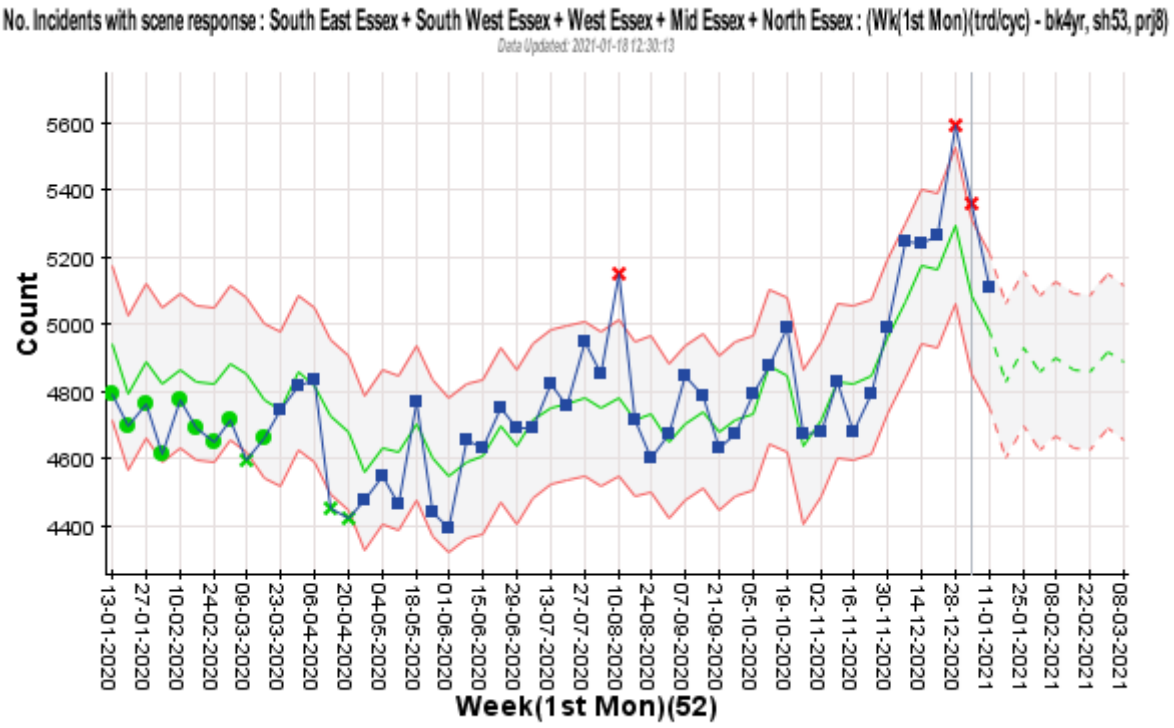
this process is to explore if patients assessed at this level may be re-directed to alternative care pathways ensuring the most appropriate and timely response. This approach has been agreed with commissioners.

4.6.3 We are engaged with North East Essex CCG as part of the demand and capacity group and are part of regular conversations with Colchester General hospital on how we use the services, undertaking quality improvement exercises as previously mentioned and ensuring alternative care pathways are maximised. EEAST are the Patient Transport Service (PTS) providers in North East Essex and we are an integral part of system engagement around planning to support patient discharges.

4.7 Collectively the above schemes and actions have sustained our performance to our patients. As part of the new annual resilience planning (as opposed to 'winter planning') the learning will be taken forward into EEAST's developing performance plans.

Impact of Covid19

5.1 During the first wave of Covid incident response across Essex reduced significantly as was seen across the rest of the region. Overall attendances also significantly reduced during the first wave along with hospital bed occupancy which provided flow through ED and the ability of the hospitals to offload patients within the national standard of under 15 minutes. The reduction in activity throughout Essex has been short lived as ED attendances returned to normal levels as the lockdown restrictions were eased. Going into the 2nd wave from 16 November the graph below shows significant increases in demand and responses peaking at the end of December as COVID numbers increased. Moving into January we can see the numbers of incidents with scene responses dropping slightly. However, we are prepared for a return to the increase in numbers reflecting the Christmas period and the anticipated 14-21 days after COVID exposure.



5.2 Contributors to a reduction in overall staffing levels over the COVID-19 period have included:

- staff affected directly by COVID-19 sickness
- those affected by test, track & isolate

In order to minimise the impact of the reduction of staffing we maximised use of our alternative resources including fire fighters and students, in addition there is a significant amount of overtime worked. The net affect was an increase in patient facing staff hours. As in the first wave of COVID we have again experienced a rise in the reduction of our workforce relating to COVID stand downs and sickness as we move through the second national lockdown.

5.2.1 In preparation for the 2nd wave of COVID and the anticipated increase in demand on the service which we predicted would begin to spike at the end of November and which the above diagram proves, we instigated a daily report and update with the local CCG's in Mid and South Essex. This enabled us to give updates around demand and conveyances. This communication was essential in order to work with the Acutes around anticipated Arrival to Handover scenarios. From 4 January these daily meetings were replaced by daily system calls including all three acute hospitals, EEAST, CCG's and Social Care partners. These meetings ensured that we were able to share information and escalations and plan accordingly to save delays. These meetings are currently still in place.

5.3 During lockdowns, the Driver and Vehicle Standards Agency (DVSA) halted C1 driving assessments which significantly impacted our ability to rapidly onboard qualified staff. As a result, we have a number of staff who are still waiting to undertake the C1 driving assessment. We are mitigating this through the support of the Fire and Rescue Services (FRS) staff on bank contracts and have recently offered 6 FRS staff secondment opportunities. We are also working with specialist agencies to source suitable temporary staff. Community First Responders (CFRs) have supported service delivery as well as year 2 Paramedic Science students.

5.4 **Mid and South Essex** is currently at establishment in terms of workforce figures, this is an improvement over the last year where, at our lowest, we had a deficit of 60 staff. Although now at full establishment, we have experienced a disparity in skill mix availability, an increase in staff absences though COVID-19 (both sickness and shielding/isolating staff) and a number of staff are awaiting C1 driving assessments. We are also experiencing an impact due to the vaccination programme as some staff are experiencing side effects such as fever and as a result require a period of isolation and a COVID-19 PCR swab. At the peak we had 60-80 staff absent.

5.4.1 In the context of COVID-19, Mid and South Essex has continued to be the most challenged Sector of EEAST. Community infections have significantly increased demand on EEAST and an increase in the use of ventilators and demand for critical care beds has placed additional pressure on the three acutes within Mid and South Essex. As a result of this EEAST supported the acutes with transporting critical care patients across the three sites as well as transporting patients outside of the Essex footprint. During the recent declared Major incident in Essex the acutes, CCGs and EEEAST set up incident management teams involving all partners as required. This allowed us responding to issues in a timely manner as well as setting clear objectives for the health system and partners.

5.4.2 Due to the staff abstraction levels that COVID-19 has brought we mitigated the risk with the support of the Essex County Fire and Rescue Services (ECFRS) and during the first wave we had up to 25 staff seconded to us. We are also working with specialist agencies to source suitable

temporary staff. Community First Responders (CFRs) have supported service delivery as well as year 2 Paramedic Science students.

5.5 **North East Essex** is currently over “establishment” in terms of workforce figures, however 67% of this is considered workforce effective. Although over full establishment, we have experienced a disparity in skill mix availability, an increase in staff absences though COVID-19 (both sickness and shielding/isolating staff) and a number of staff are awaiting C1 driving assessments. We are also experiencing an impact due to the vaccination programme as some staff are experiencing side effects such as fever and as a result require a period of isolation and a COVID-19 PCR swab.

5.5.1 North East Essex has continued to be challenged due to the COVID-19 pandemic. Community infections have increased demand on EEAST and an increase in the use of ventilators and demand for critical care beds has placed additional pressure on Colchester General which in turn has resulted in an increase in arrival to handover and handover to clear times. North East Essex activity and infection rates have followed a similar trend to West Essex which was experienced slightly later, with a delay of about 2 weeks.

5.6 Leading up to the first national COVID lockdown West Essex saw high levels of activity and this continued for the first two weeks. After this we saw a significant improvement to our C1 performance, and this was matched by C2. Since the first lockdown eased West Essex maintained the improvement to C1 performance. C2 performance did deteriorate but this has been mainly due to two reasons: the increase C2 calls and hospital delays. Arrival to Handover was sitting just below 20 minutes for much of the year, however due to the sudden increase in infection rates the hospital has become overwhelmed and these times have averaged above an hour most recently. Over the last couple of months, we have lost hundreds of hours due to ambulances waiting at ED unable to offload, affecting our ability to respond to patients in the community.

5.6.1 West Essex activity has followed a similar pattern during the past year in line with infection rates and follows a couple of weeks behind trends in London due to proximity. During periods of lockdown, we saw high levels of activity in the 2-3 weeks. However, this activity would drop off after this as the impact of lockdown reduced the number of infections. With more people staying at home, we saw a lot of pressure alleviated from a reduction of call types, notably incidents relating to alcohol use. During late summer and early autumn activity levels returned to normal levels. However, as winter pressures kicked in these levels rose again – in particular we saw an increase in the higher acuity patients. C2 calls remain very high.

5.6.2 The patient facing hours produced by West Essex are set against the Building Better Rotas model implemented a year ago. These hours are negatively impacted upon by two factors including our vacancy factor in the areas and sickness (including shielding and isolating). However, despite these we regular produce enough hours to be within 200 hours either side of our target. Sickness levels are consistently below 5% except during times of high COVID activity. Sickness increased significantly during the first wave of the pandemic before returning to normal levels during the late summer of 2020. However, with the arrival of the new variant we have experiences unprecedented levels of absence (between 20-25%). The Trust has taken measures to on board other professionals during these challenging times allowing us to maintain a consistent level of cover.

6 How EEAST operates in the field, to minimise risk of COVID-19 infection to staff and patients.

6.1 The trust has comprehensive safe practice guidelines, IPC training, IPC policies and an audit schedule. Following the increased risk during the pandemic there are some key risk mitigation strategies that were implemented. The guidance we have shared with staff has evolved as the national guidance has developed.

6.2 Ambulance stations in Essex are regularly IPC-audited and they are high-compliance COVID-secure sites.

6.3 Increased vehicle cleaning capacity of Make Ready teams to perform emergency decontamination and routine cleaning. During this time routine cleaning compliance was increased significantly in levels of compliance with standards.

6.4 Dissemination of information to all staff via multiple channels, including station posters, weekly electronic updates on screens and daily Huddles, both face to face and electronically, were carried out in stations along with updated bulletins on the Trust website, various meeting groups and others.

6.5 Weekly managers webinars for information sharing and Q&A session in particular related to infection prevention and control and patient safety.

6.6 Daily monitoring of PPE availability and assurance that a consistent supply of the correct PPE is available in all areas, with central oversight.

6.7 Development and implementation of COVID working safely guidance for non-clinical areas including the implementation of COVID safety checkpoints on premises to defer symptomatic persons from entering the workplace and a Test and Trace process adopted to follow up for contacts to be stood down and test referrals made.

6.8 Station changes, incorporating risks assessments, including facilitating social distancing where possible e.g. moving furniture and one-way systems where possible and instructions to wear surgical masks where social distancing cannot be met. Installation of screens in buildings where multiple staffs occupy smaller spaces.

6.9 Development of a Trust Test & Trace procedure for monitoring symptomatic cases and contacts, working in conjunction with regional Health Protection Teams and NHS Test & Trace contact tracers.

6.10 Modifications to infection prevention audit process to include assessment of COVID Secure status incorporating station modifications and staff PPE compliance and adequacy of vehicle decontamination at patient handover points.

6.11 Collaborative working with relevant national groups to ensure consistency and best practices are being adopted by the Trust.

6.12 Procurement of respirator hoods for staff for whom masks do not match their fit testing.

7 EEAST Workforce and Corporate Strategy

We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

7.1 EEAST published its Corporate Strategy in the summer, with copies sent to the OSC and a full launch to all stakeholders and staff. The strategy defines the EEAST vision into four "Goals", relating to staff, quality and performance, partnership and innovation, and sustainability – both environmental and financial. Each of these goals now requires several "supporting strategies", on which each part of the organisation is currently focusing:

7.2 EEAST has continued recruitment across the whole Trust, with ongoing training courses regularly completing each month. We have seen considerable success with our recruitment drive in Essex with the area currently fully established up to current budgeted levels of staff. The attrition rates of staff leaving the Essex area have reduced over the past 12 months and this increase in stable workforce has enabled Essex to perform well against national performance targets. We continue to welcome qualified experienced staff into the area from across the country and have robust mentoring and support processes in place to ensure that all learners are supported to achieve their full potential and complete their learner journeys with EEAST. We continue to recruit into our current funded schemes such as HALO's to ensure the number of operational frontline staff remains consistent and in line with budgeted establishment. Our Non-Emergency Patient Transport (NEPTs) team has recruited into all remaining vacancies with recruitment checks currently ongoing.

7.3 Control room staffing (in both Call handling and Clinical Roles) has increased as a direct result of COVID-19 demand but has remained positive against previous years.

7.4 It takes approximately 5 years to train a fully qualified paramedic - 3 years to study to BSc level before applying to the HCPC to become a qualified Paramedic, followed by an 18 month 2-year period of preceptorship and consolidation.

There is a focus locally to develop staff within which relates to the model of utilising alternative resources to support with ambulance cover as well as improving retention. An example of this ongoing currently is a trial for NEPTs Ambulance Care Assistant (ACA) staff to provide A&E cover.

7.5 Following the successful support from Essex County Fire & Rescue Service, we have offered 8 of those staff bank contracts as non-clinical drivers – working with our clinically trained staff in delivering patient care thereby helping to alleviate the loss of staff through COVID track/trace and sickness.

7.6 NHS England have mandated that PCNs (Primary Care Networks) recruit one WTE advanced paramedic to support GP resources and increased caseload, due to the high numbers of GPs approaching and taking retirement. While not able to replace GPs, these paramedic staff are able to take on some of the time-consuming patient assessment duties, freeing GPs to do more of what only GPs can do, which is to prescribe a fuller range of drugs and other treatments and to make referrals to specialists. In order for EEAST to help retain our specialist Advanced Paramedics and not lose them to PCNs, where their paramedic skills will fade, we have begun trialling rotational models whereby we operate a 24/7 team of specialists and rotate them through PCNs in the hope that, if successful, PCNs forge alliances to buy into our teams, producing a win-win for our staff, our patients and our stakeholders. We are using Norfolk as a test-location for this in a ‘proof of concept’ phase.

8 Conclusion

8.1 The CQC Report and NHS Special Measures are enabling EEAST to address the serious cultural issues across the organisation, and improvement work is now moving at pace.

8.2 On performance, the picture is complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented, regionally we continue to experience challenges with ambulance performance. These will always be possible, under extreme peaks of demand, with hospital delays which needs to be seen as a system-issue. The Essex system is vigilant, continuing to adapt and modify processes and approaches, to ensure that we maintain the good performance in the region, while supporting more rural areas nearby, when appropriate.

Essex County Council
Health Overview Policy & Scrutiny Committee
County Hall
Chelmsford
CM1 1QH

East of England Ambulance Service NHS Trust
Whiting Way
Melbourn
Cambridgeshire
SG8 6EN

Date: Wednesday 24 February 2021

Dear East of England Ambulance Service NHS Trust

I would like to thank you and your colleagues for their assistance in preparing the report which the Health Overview Policy and Scrutiny Committee (HOSC) discussed at its informal meeting on Wednesday 10 February 2021.

As agreed before the meeting, due to the pressure the East of England Ambulance Service Trust as a result of the Covid-19 pandemic, the HOSC agreed that rather than following its usual practice of having officers present to introduce the report and answer questions the committee may have, instead they would discuss the paper between themselves with questions or queries sent after the meeting. Below you will find a summary of the HOSC's discussion and it would be very much appreciated if a written response could be provided as soon as practically possible.

Firstly, it was noted that with regard to driver training and vacancies, drivers had been seconded over from the Fire Service. There was a concern over the number of staff awaiting DVSA assessment which have been halted during lockdowns and how quickly that can be resolved. In addition, concerns were raised regarding the financial implications of staff not progressing with DVSA assessments.

The HOSC were also concerned about the high number of people moving out of the area as a result of the high cost of housing and the effect this was having on recruitment. There was a specific concern relating to the recruitment of paramedics in urgent care in West Essex potentially having an impact on the loss of experienced staff and rotation of qualified staff.

There was a suggestion that lessons could be learned from the cultural issues experienced within the Fire Service and how they have been addressed. It is believed cultural issues need to be changed from the top management and fed down through the service.

There was concern expressed that the HALO's were only funded until the end of the year. The HOSC would welcome a report on the impact of the HALO's work and the plans regarding funding.

In addition to the above, the HOSC also raised specific questions, which I have set out below:

1. Is there more than one Freedom to Speak Up Guardian?

2. Is it felt that all staff have got the confidence to raise issues and that they will be dealt with?

3. It was noted that actions within the Quality Improvement Plan are 44% complete so far. There are a number of outstanding actions (amber) around important issues such as safeguarding, pre-employment checks, HR processes, bullying and harassment. How are these being resolved?

4. Concern raised that various schemes to assist the Ambulance Service, such as the HALO's and local schemes to assist with picking up residents to release pressure on the ambulance service, are not receiving the required funding/investment to continue, why is that?

5. How frequently is the cleaning and servicing of vehicles undertaken and what is the impact?

6. Concern was raised regarding the number of hours lost due to ambulances waiting at ED unable to offload and the HOSC would like to know how this could be counteracted?

7. In the Public Board Meeting papers from 13 January 2021, the RAG system of actions highlighted a number of actions not yet completed. Could an update on these outstanding actions be provided?

8. The coastal border issue was raised due to the increase in visitors during holiday periods and how that was being managed and how it could be supported. Could an update be provided?

9. Whether the clean down process relating to Covid-19 has had a significant impact on the turnaround time for vehicles?

10. Was the Risk Summit referred to in the CQC paper on 11 September 2020 attended and if so, what was the outcome?

11. A query was raised over a statement in the Executive Statement regarding the 'focussed "well-led?" CQC inspection' and why there is a question mark against well-led?

12. With regard to staff Covid-19 vaccinations, what percentage of staff have had the vaccination?

13. Concern was raised over the figure of 67% of the workforce considered effective in North East Essex and how that was being managed going forward?

At the conclusion of the meeting, the HOSC **resolved**:

i. A written response be provided to them as soon as possible, answering the above-mentioned concerns and questions.

ii. They were keen to look at performance at a future meeting in the Summer (date to be confirmed), as the focus of this session had been on the CQC report.

To conclude, I would again like to thank you for providing such a comprehensive report and look forward to receiving your response soon.

Yours sincerely

Cllr Jillian Reeves
Chairman, Health Overview Policy & Scrutiny Committee

Health Overview Policy and Scrutiny Committee
Work Programme – September 2021

Date	Topic	Theme/Focus	Approach and next steps
September 2021			
September 2021	Maternity Services	Committee to receive an update on CQC report, key headlines and maternity services reform at East Suffolk and North Essex NHS Foundation Trust (ESNEFT)	
September 2021	Care Home Closures Research	University of Birmingham are researching the impact of home closures on residents, the business, families and the care staff. Four sites across the Country have been chosen, and Essex is one of them. Briefing to explain the purpose of the research and demonstrate work to improve outcomes for all when a home closes.	
October 2021			
October 2021	Mental Health Services	Committee to receive a briefing on the Government sponsored inquiry into Essex Partnership University Trust (EPUT), focusing on suicides	

		at the Linden Centre, Chelmsford	
Items to be programmed			
TBC	Health and Care Bill – Integrated Care Systems (ICS)	Committee to look at emerging issues from the organisation of Integrated Care Systems.	
TBC	Princess Alexandra Hospital	Committee to receive an update from Princess Alexandra Hospital on its redevelopment plans	
TBC	Autism Strategy	Committee to receive an update on Autism Services following initial report in January 2021. Scope set out as below: ▪ Referral and diagnosis times ▪ Transitions between children and adult services ▪ The number of people across Essex affected by Autism ▪ The impact of Covid-19 on Children's Autism services.	
TBC	A&E pressures/Seasonal pressures/admissions avoidance	Relationship between ambulance performance and hospital capacity pressures.	
TBC	Mental Health Services	Committee to receive a further update on the mental health response to the pandemic and	

		future service planning for changes in demand.	
TBC	East of England Ambulance Service	Committee to receive response from the Trust on how the recommendations from the CQC are being implemented, after they were placed into special measures.	
TBC	NHS Vaccination Programme	Committee to receive an initial report on the NHS vaccination programme. Further scoping required.	
TBC	New NHS Hubs		
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review		