



Essex County Council

# Health Overview Policy and Scrutiny Committee

<b>10:30</b>	<b>Wednesday, 04 November 2020</b>	<b>Online Meeting</b>
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

**For information about the meeting please ask for:**

Richard Buttress, Democratic Services Manager

**Telephone:** 07809 314835

**Email:** democratic.services@essex.gov.uk

## Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

### How to take part in/watch the meeting:

**Participants:** (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

### Members of the public:

#### Online:

You will need the Zoom app which is available from your app store or from [www.zoom.us](https://www.zoom.us). The details you need to join the meeting will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom

of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

## By phone

Telephone from the United Kingdom: 0203 481 5237 or 0203 481 5240 or 0208 080 6591 or 0208 080 6592 or +44 330 088 5830.

You will be asked for a Webinar ID and Password, these will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

## Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

The agenda is also available on the Essex County Council website, [www.essex.gov.uk](http://www.essex.gov.uk) From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
***	<b>Private pre-meeting for HOSC Members only</b> Please note that Members are requested to join via Zoom at 9:30am for a pre-meeting.	
1	<b>Membership, Apologies, Substitutions and Declarations of Interest</b> To be reported by the Democratic Services Manager.	5 - 5
2	<b>Minutes of previous meeting</b> To note and approve the minutes of the meeting held on Wednesday 14 October 2020.	6 - 8

- |          |   |                |
|----------|---|----------------|
| <b>3</b> | <p><b>Questions from the public</b></p> <p>A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.</p> <p>If you would like to ask a question at the meeting, please email <a href="mailto:democratic.services@essex.gov.uk">democratic.services@essex.gov.uk</a> before noon on Tuesday 3 November 2020.</p> |                |
| <b>4</b> | <p><b>A&amp;E pressures, seasonal planning and admission avoidance - updates</b></p> <p>The Committee to receive report HOSC/31/20.</p>   | <b>9 - 58</b>  |
| <b>5</b> | <p><b>Chairman's Report - November 2020</b></p> <p>To note the latest update on discussions at HOSC Chairman's Forum meetings (Chairman, Vice-Chairmen and Lead JHOSC Member).</p>  | <b>59 - 59</b> |
| <b>6</b> | <p><b>Member Updates</b></p> <p>To note any updates from members of the Committee.</p>  | <b>60 - 60</b> |
| <b>7</b> | <p><b>Work Programme</b></p> <p>To note the Committee's current work programme.</p>   | <b>61 - 63</b> |
| <b>8</b> | <p><b>Date of next meeting</b></p> <p>To note that the next meeting of the Committee is scheduled to take place on Wednesday 2 December 2020.</p>   |                |
| <b>9</b> | <p><b>Urgent Business</b></p> <p>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.</p>  |                |

### **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.**

**10            Urgent Exempt Business**

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

## Agenda Item 1

<b>Report title:</b> Membership, Apologies, Substitutions and Declarations of Interest	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 4 November 2020	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Sophie Campion, Democratic Services Officer ( <a href="mailto:sophie.campion2@essex.gov.uk">sophie.campion2@essex.gov.uk</a> ))	
<b>County Divisions affected:</b> Not applicable	

### Recommendations:

To note:

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

#### Membership

(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	
Councillor J Lumley	
Councillor B Massey	
Councillor C Souter	
Councillor M Stephenson	
Councillor M Steptoe	
Councillor A Wood	Vice-Chairman

#### Co-opted Non-Voting Membership

Councillor T Edwards	Harlow District Council
Councillor M Helm	Maldon District Council
Councillor A Gordon	Basildon Borough Council

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,  
held virtually via video conference on Wednesday 14 October 2020 at 10:30am**

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**Present**

Cllr Jillian Reeves (Chairman)	Cllr Dave Harris
Cllr Anne Brown	Cllr June Lumley
Cllr Tony Edwards (Harlow DC)	Cllr Bob Massey
Cllr Beverley Egan (Vice-Chairman)	Cllr Clive Souter
Cllr Ricki Gadsby	Cllr Mark Stephenson
Cllr Alan Goggin (substitute)	Cllr Andy Wood

**Apologies**

Cllr Mike Steptoe

**Other Members**

Cllr John Baker

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The following officers were supporting the meeting:

Richard Buttress, Democratic Services Manager

Sophie Campion, Democratic Services Officer

**1. Membership, apologies and declarations**

Apologies were received from:

- Cllr Mike Steptoe (substituted by Cllr Alan Goggin)

The following Declarations of Interest were made:

<b>Name</b>	<b>Interest</b>
Cllr Anne Brown	Son is a surgeon at Southend Hospital
Cllr Tony Edwards	Governor at EPUT
Cllr Beverley Egan	Cousin is the Managing Director of the Basildon Hospital Trust
Cllr Bob Massey	Governor at EPUT
Cllr Andy Wood	Governor of EPUT until August 2020
	Wife works for Clacton Coastal Academy

**2. Minutes of previous meeting**

The minutes of the meeting held on Wednesday 23 September 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. Coronavirus Update**

The committee considered report HOSC/25/20 comprising of a verbal update on the Coronavirus Pandemic in Essex.

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

- (i) An update be provided on the provision of a mobile testing unit in the Epping Forest District.
- (ii) To provide a further update on the Coronavirus Pandemic – date to be agreed.

### **5. Delays to cancer treatments as a result of the Coronavirus Pandemic**

The committee considered report HOSC/26/20, comprising of a briefing from the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the Mid and South Essex NHS Foundation Trust (MSEFT) outlining the impact the Coronavirus Pandemic has had specifically on cancer treatments.

The committee noted that despite repeated requests, the Princess Alexandra Hospital Trust (PAH) did not submit a written report.

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

- (i) ESNEFT/MSEFT to provide clarification on the pausing of breast screening for over 70's.
- (ii) That quarterly performance reports be provided to the HOSC, specifically on cancer treatments.

### **6. Chairman's Report**

The committee considered and noted report HOSC/27/20.

The committee noted the report submitted regarding the Covid critical South West Essex Frailty Programme. The committee agreed it did not constitute a variation in service and therefore did not require formal presentation to the HOSC.

### **7. Member Updates**

The committee considered and noted report HOSC/28/20.

### **8. Work Programme**

The committee considered report HOSC/29/20 the current work programme was noted by the committee.

### **9. Date of next meeting**

To note that the next committee meeting is scheduled for Wednesday 4 November 2020 at 10:30am.

### **10. Urgent business**

No urgent business was received.

**11. Urgent exempt business**

No urgent exempt business was received.

The meeting closed at 1.10pm.

**Chairman**



<b>Report title:</b> A&E pressures, seasonal planning and admission avoidance - updates	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> )	
<b>Date:</b> 4 November 2020	<b>For:</b> Discussion and identifying any follow-up scrutiny actions
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Sophie Campion, Democratic Services Officer ( <a href="mailto:sophie.campion2@essex.gov.uk">sophie.campion2@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

- 1.1 The Committee last considered these issues in February 2020 and requested a further update nearer Winter.

## 2. Action required

- 2.1 To consider the appendices attached and identify any issues arising and follow-up scrutiny work.

## 3. Background

- 3.1 On 5 February 2020, the HOSC discussed A&E pressures, seasonal planning and admission avoidance. The discussion had been pitched more at an operational level and Members requested that this format be repeated for the next update.
- 3.2 The Chairman and Lead Members have agreed a scope which has been circulated in advance to the hospital acute trusts in Essex and they have been asked to respond to the information requested as laid out below in their report.

## 4. Update and Next Steps

- 4.1 Updates have been requested from each of the Essex hospital acute trusts. These each comprise an appendix to this report.

## 5. List of Appendices

- Appendix A: Princess Alexandra Hospital (Harlow) – slides
- Appendix B: Princess Alexandra Hospital (Harlow) – narrative
- Appendix C: East Suffolk and North Essex Hospital Foundation Trust
- Appendix D: Mid and South Essex Hospitals Group incorporating Basildon, Broomfield and Southend Hospitals



# Urgent & Emergency Care Covid – 19



The Princess Alexandra  
Hospital  
NHS Trust



**Stephanie Lawton**  
Chief operating officer



# Regional and National Benchmarking Picture

## A&E

East of England		Performance Data for 20 October 2020							
Area	Provider Name	A&E Attends	A&E All Type 4 Hour %	A&E Conversion	Bed Occupancy	DTOC %	7 Day Stranded %	21 Day Extended Stranded %	Streamed %
EAST	Norfolk & Norwich FT	472	66.9%	28.3%	93.9%	0.0%	41.2%	11.7%	5.3%
EAST	East & North Hertfordshire	437	72.1%	42.5%	91.4%	0.0%	41.2%	10.7%	9.2%
EAST	West Hertfordshire Hospitals	430	73.5%	49.1%	86.7%	0.0%	40.8%	9.7%	0.0%
EAST	James Paget FT	201	74.6%	23.4%	92.5%	4.8%	51.6%	16.9%	3.0%
EAST	The Queen Elizabeth King's Lynn FT	183	81.4%	29.5%	91.3%	0.0%	40.4%	11.8%	0.0%
EAST	Mid and South Essex FT	973	81.6%	30.3%	73.7%	0.2%	44.6%	11.3%	9.1%
EAST	The Princess Alexandra	323	82.0%	29.4%	81.2%	1.5%	34.9%	10.5%	17.0%
EAST	North West Anglia FT	495	84.2%	28.6%	91.0%	0.0%	48.7%	15.1%	0.0%
EAST	East Suffolk & North Essex FT	672	88.8%	36.8%	90.0%	0.0%	32.7%	9.9%	4.5%
EAST	Milton Keynes FT	320	93.4%	22.7%	96.5%	4.8%	48.9%	17.1%	0.6%
EAST	Cambridge UH FT	335		34.3%	90.3%	0.0%	47.9%	20.2%	15.5%
EAST	Bedfordshire Hospitals FT	584		31.8%	91.0%	0.0%	47.6%	12.5%	20.5%
EAST	West Suffolk FT	187		32.8%	88.6%	2.7%	42.9%	12.6%	3.7%

### East of England Region Sub Total

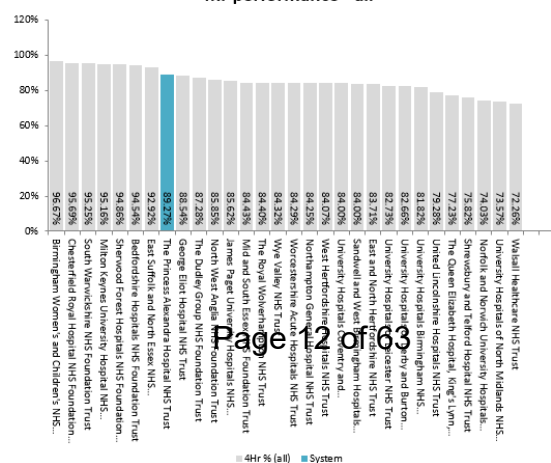
Yesterday	5,612	80.3%	32.1%	87.6%	0.6%	43.2%	12.9%	7.6%
Week To Date	11,472	82.1%	31.1%	87.7%	0.7%	43.5%	13.0%	7.7%
Month To Date	105,184	84.7%	32.8%	86.9%	0.6%	43.3%	12.4%	7.6%
Year To Date	606,632	87.4%	31.6%	83.5%	1.1%	41.4%	11.1%	7.2%

Unvalidated Daily Data - For NHSE&I operational use only and not to be shared externally

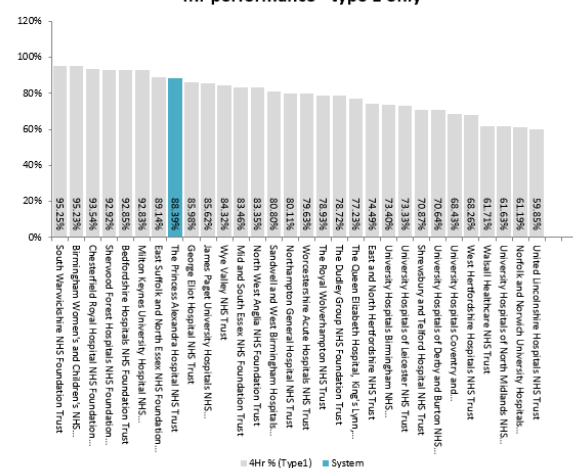
4hr performance weekly rank (all Types)	
National	Region
33/123	9/40

4hr performance weekly rank (Type 1)	
National	Region
27/123	9/40

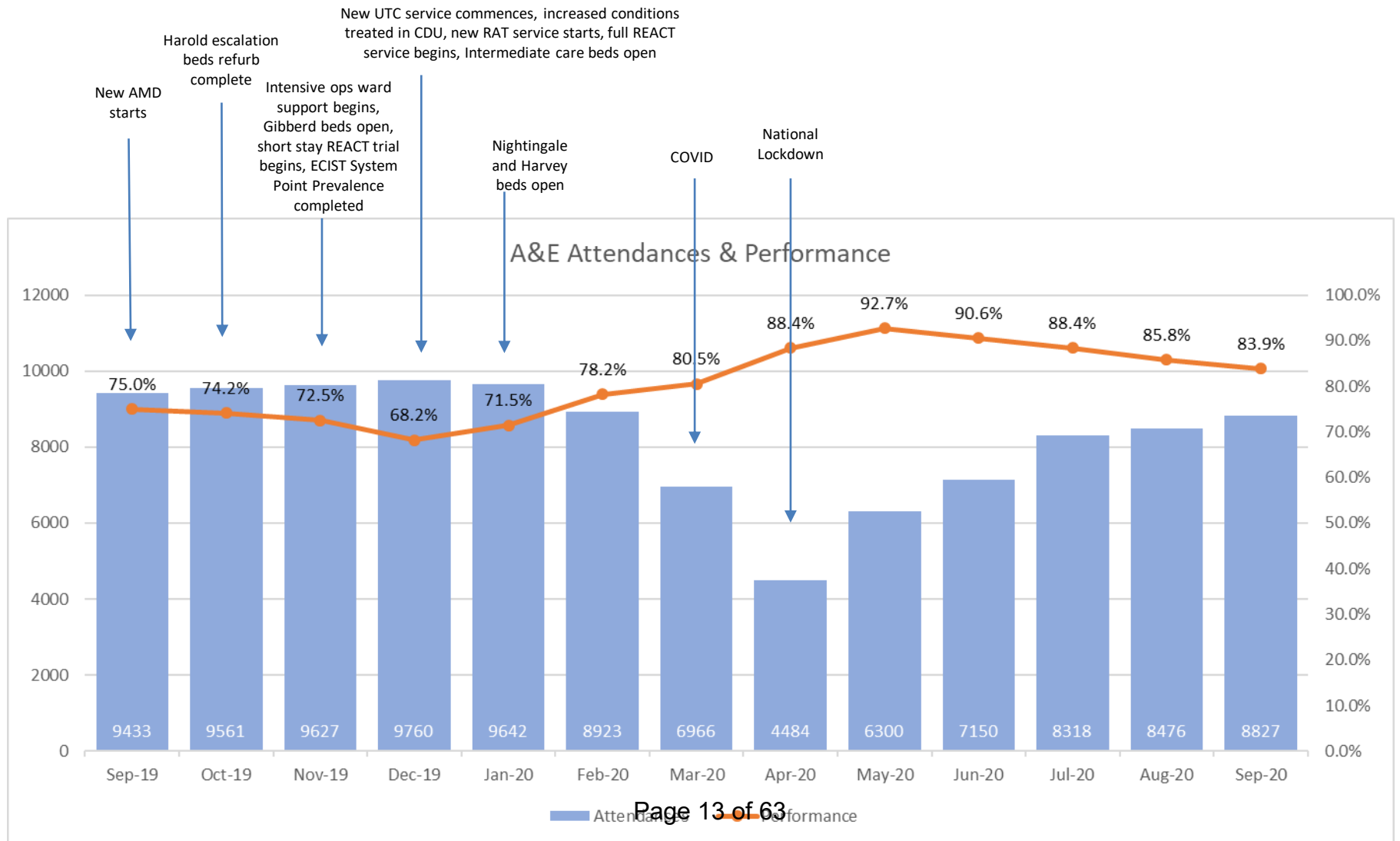
4hr performance - all



4hr performance - type 1 only



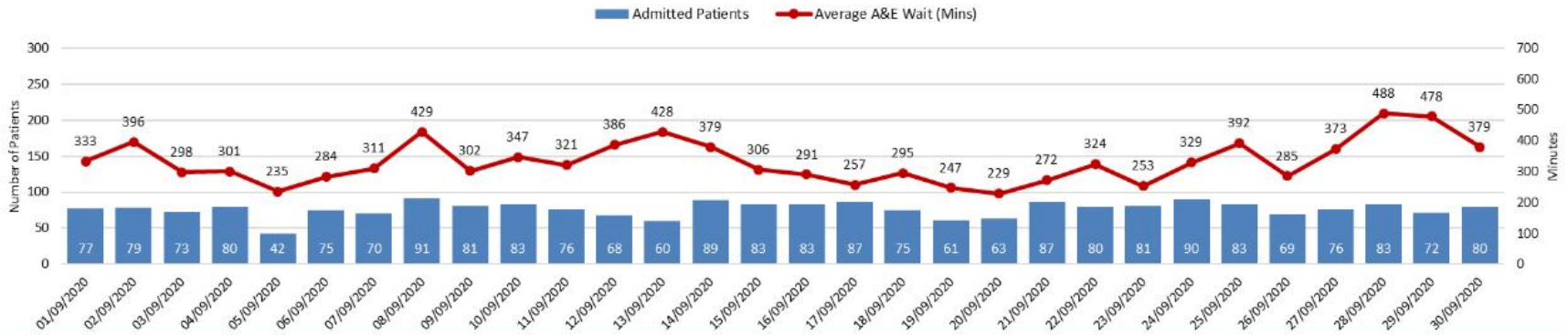
# 4 hour Performance



# Daily A&E Waiting Times September 2020

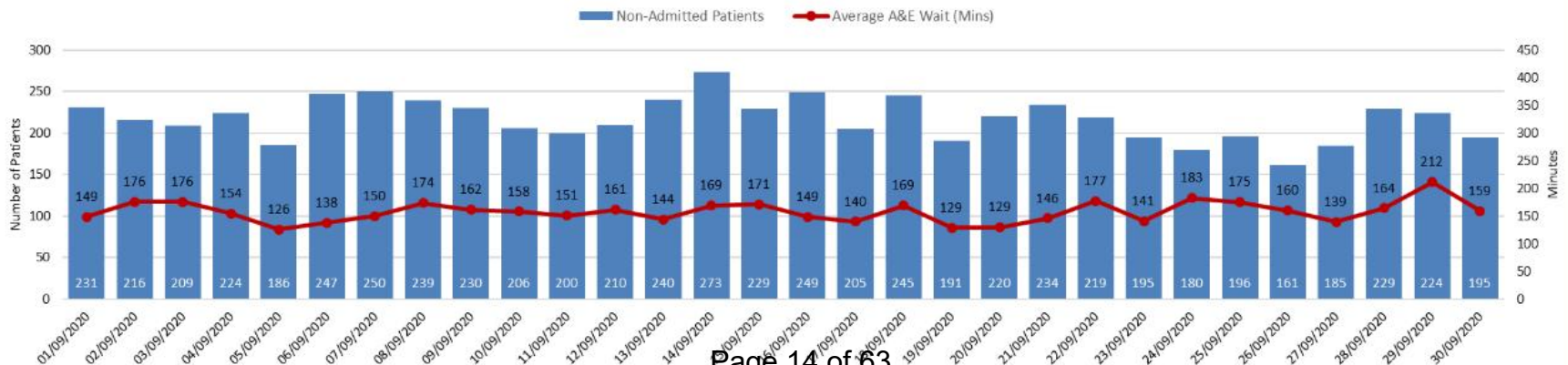
## Admitted Patients - Average time in A&E

This graph shows, by day, the number of Admitted patients from A&E & the average for those patients



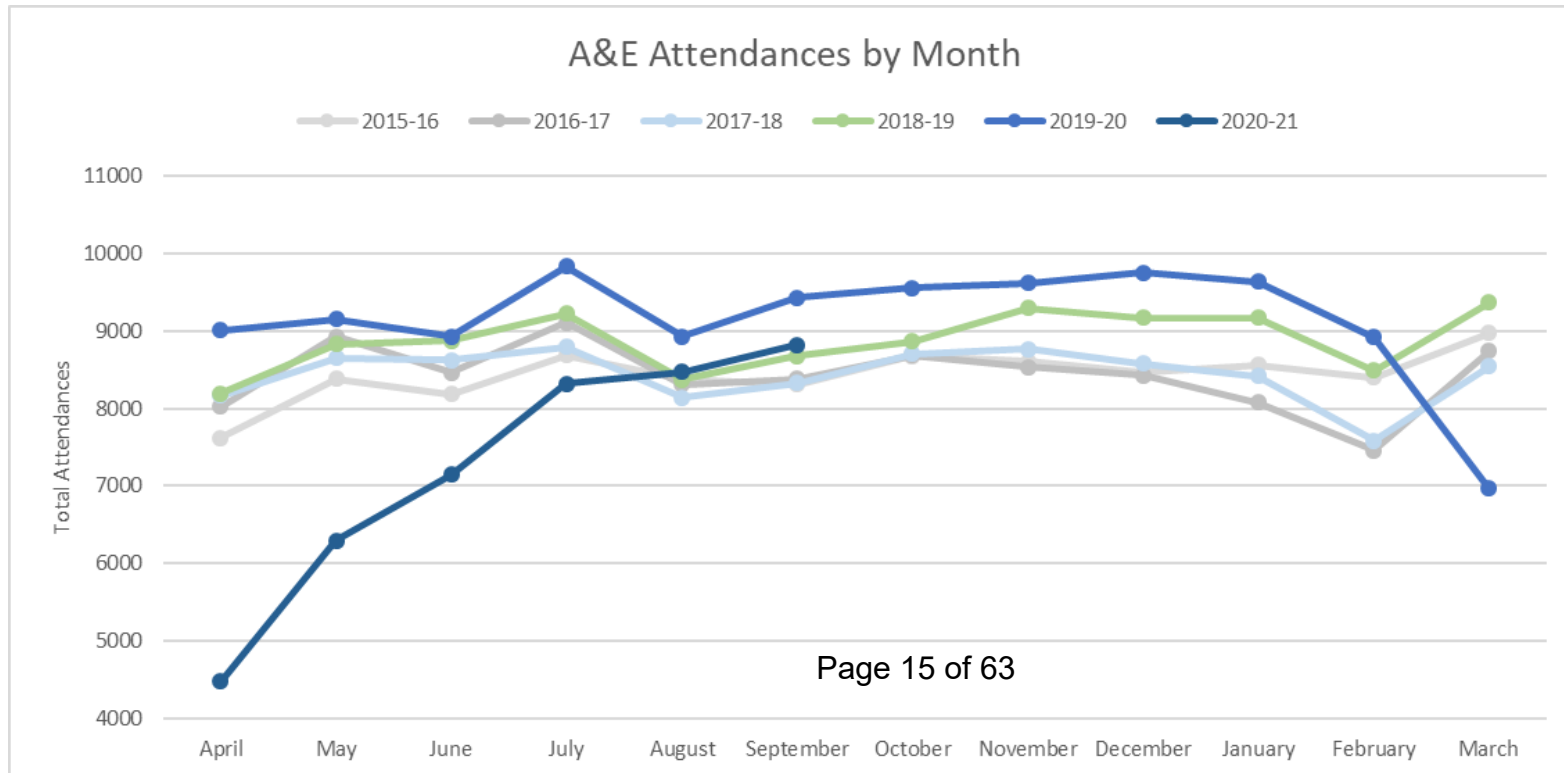
## Non-Admitted Patients - Average time in A&E

This graph shows, by day, the number of Non-Admitted Patients in A&E & the average wait for those patients



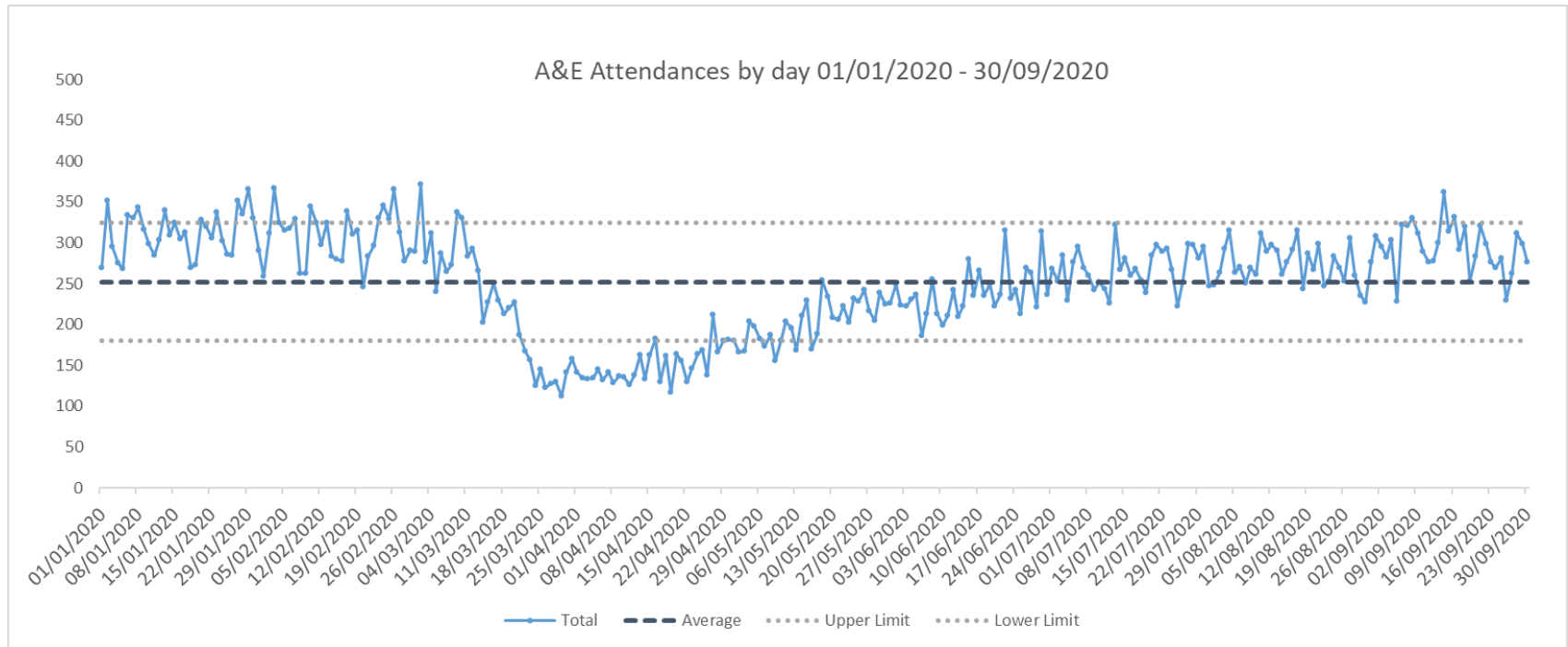
# A&E Growth

	April	May	June	July	August	September	October	November	December	January	February	March
2017-18	8164	8649	8625	8794	8141	8328	8707	8767	8583	8419	7584	8547
2017-18 %	79.0%	78.1%	75.0%	73.3%	75.0%	70.4%	68.3%	71.8%	67.3%	66.4%	63.1%	64.5%
2018-19	8192	8829	8875	9226	8373	8678	8868	9296	9173	9168	8487	9368
2018-19 %	73.7%	75.8%	77.9%	74.0%	81.6%	78.8%	85.1%	72.8%	73.1%	67.9%	60.8%	72.4%
% Change (17-18 to 18-19)	0.3%	2.0%	2.8%	4.7%	2.8%	4.0%	1.8%	5.7%	6.4%	8.2%	10.6%	8.8%
2019-20 YTD	9008	9152	8932	9833	8926	9428	9555	9622	9757	9640	8923	6966
2019-20 YTD %	69.6%	74.0%	78.2%	78.3%	76.5%	75.0%	74.2%	72.4%	68.2%	71.5%	78.22%	80.66
% Change (18-19 to 19-20)	9.1%	3.5%	0.6%	6.2%	6.2%	8.0%	7.2%	3.4%	6.0%	4.9%	4.9%	-34.5%
2020-21 YTD	4484	6299	7150	8318	8475	8826						
2020-21 YTD %	88.9%	92.9%	90.7%	88.5%	85.9%	83.9%						
% Change (19-20 to 20-21)	-100.9%	-45.3%	-24.9%	-18.2%	-5.3%	-6.8%						



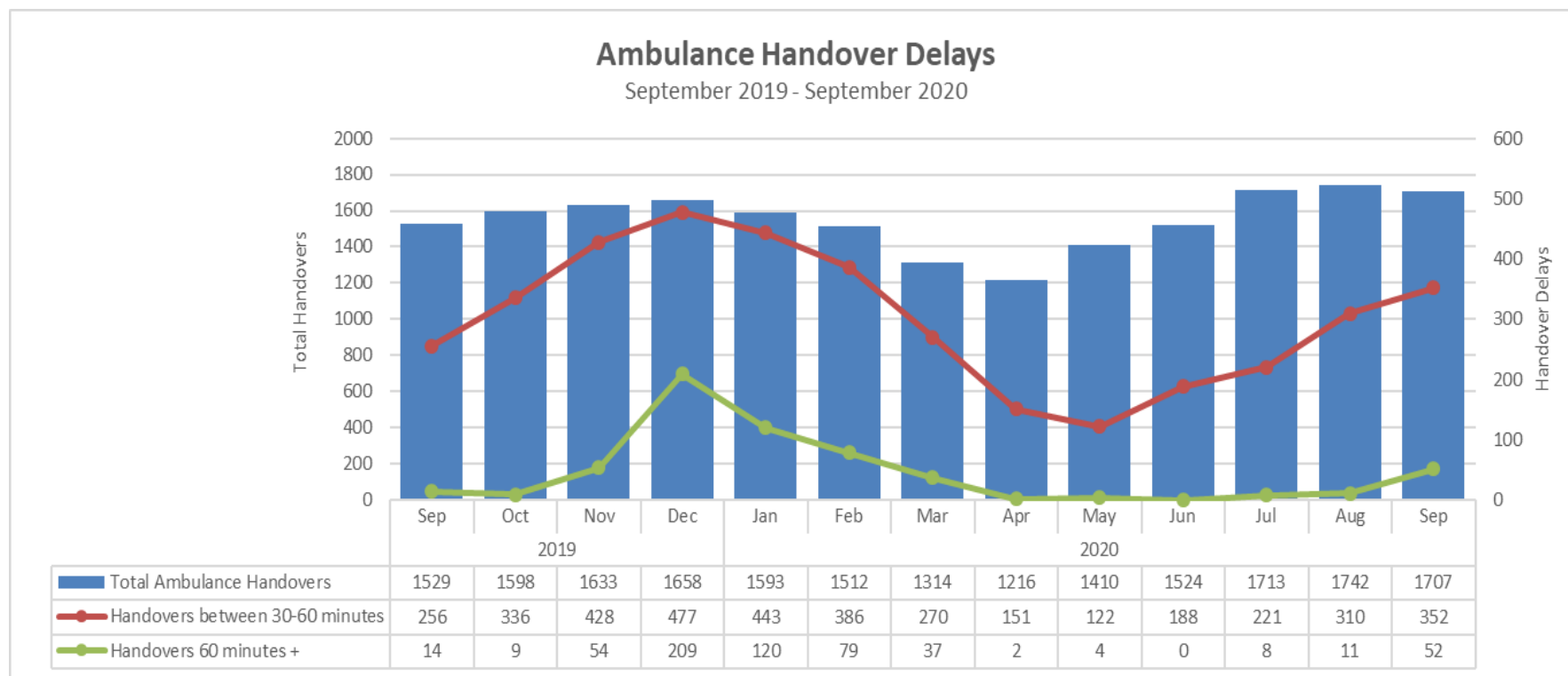


# Daily Attendance Chart





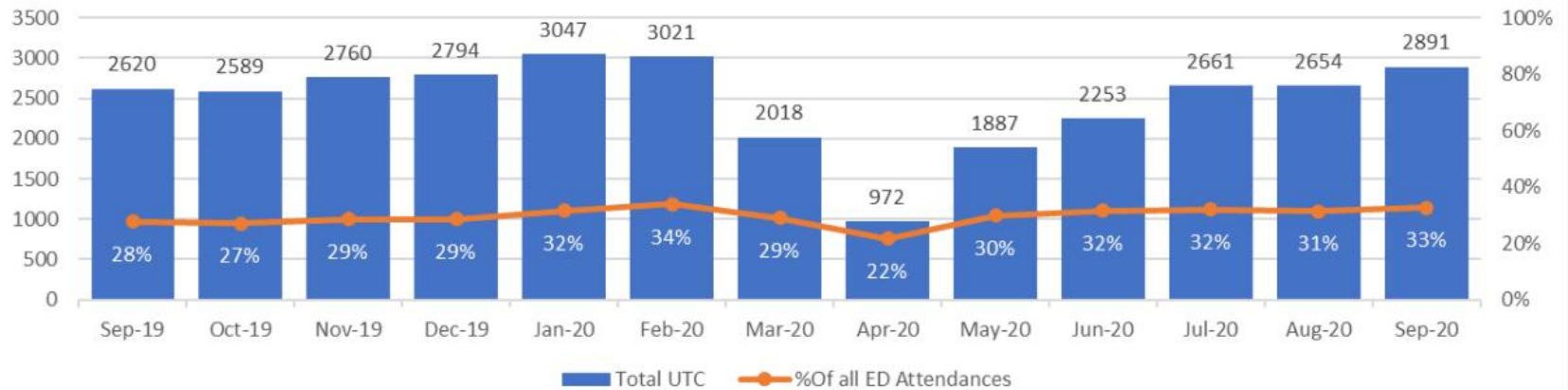
# Ambulance Handover Times



# UTC

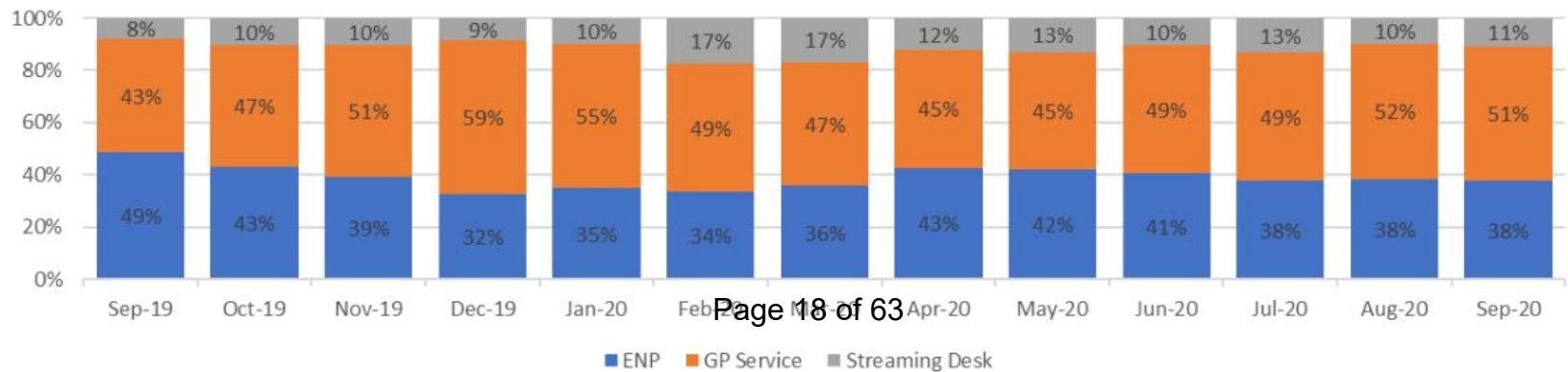
## UTC Attendances

This graph shows the number of UTC attendances each month along with the % of overall ED attendances for the month

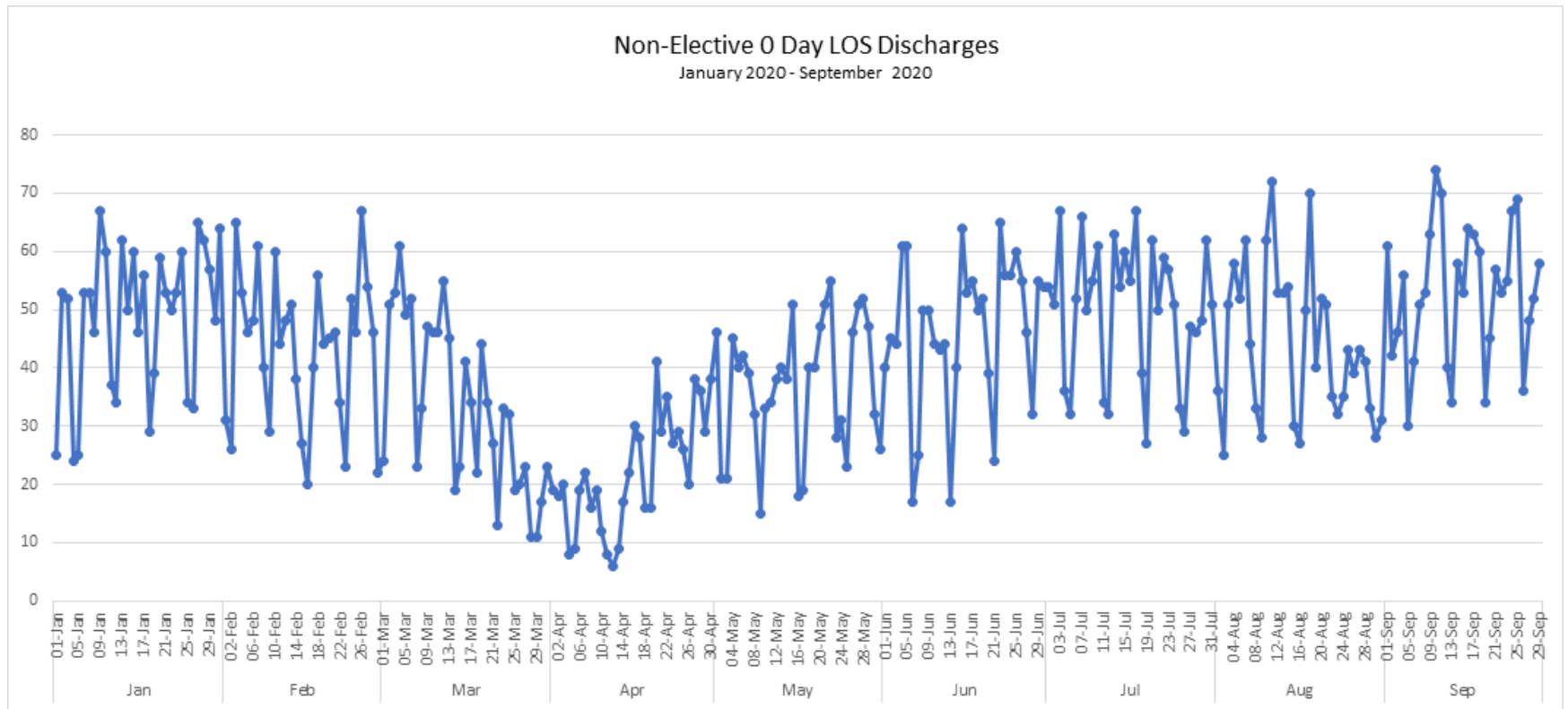


## UTC Activity

This graph shows the % of UTC attendances each Month - for each performing unit

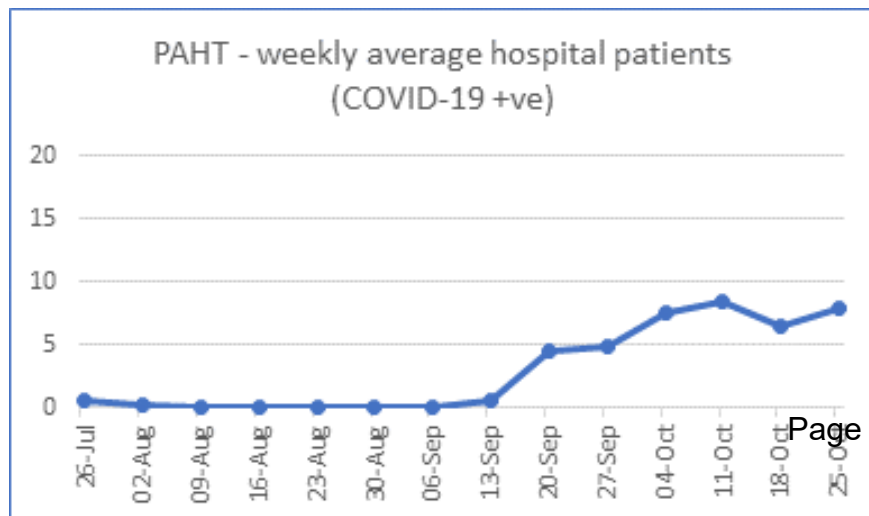
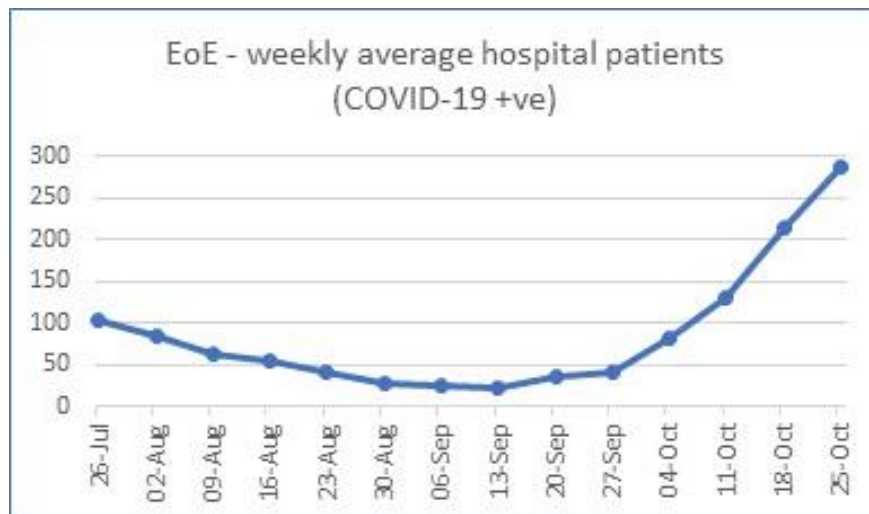


# Same day Emergency Care



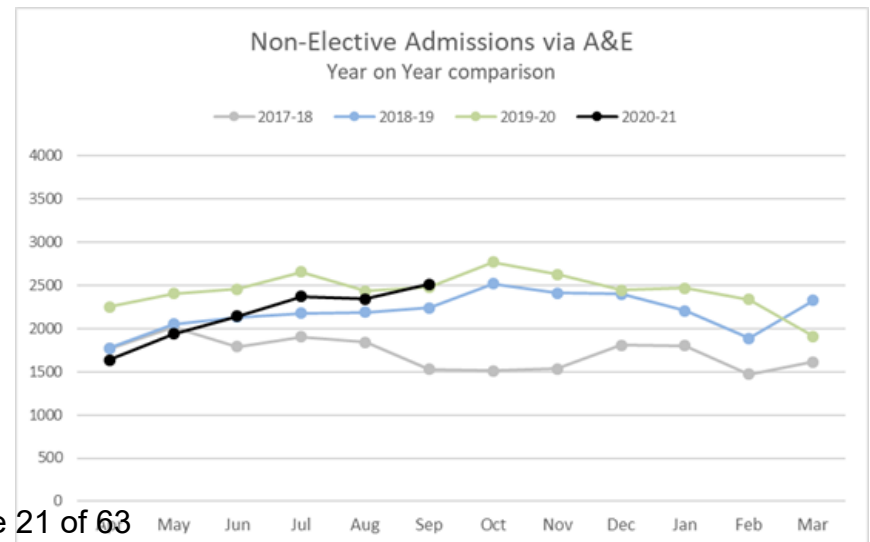
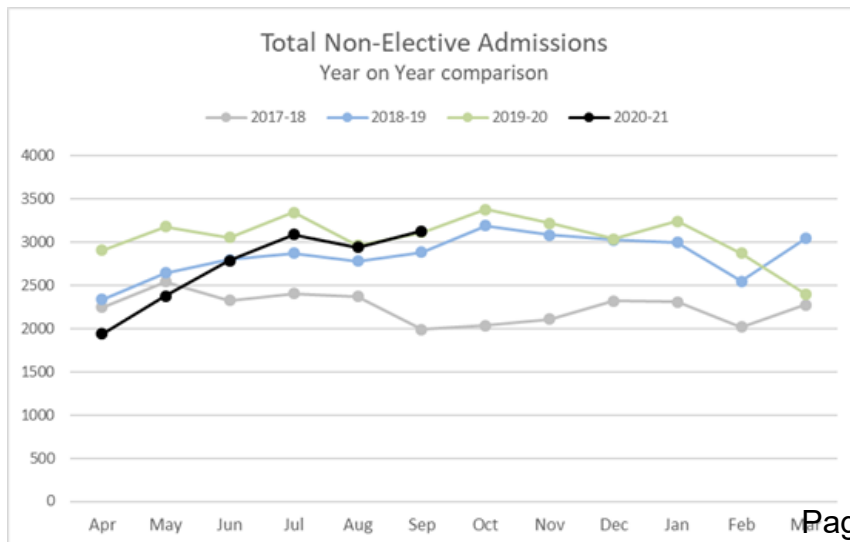
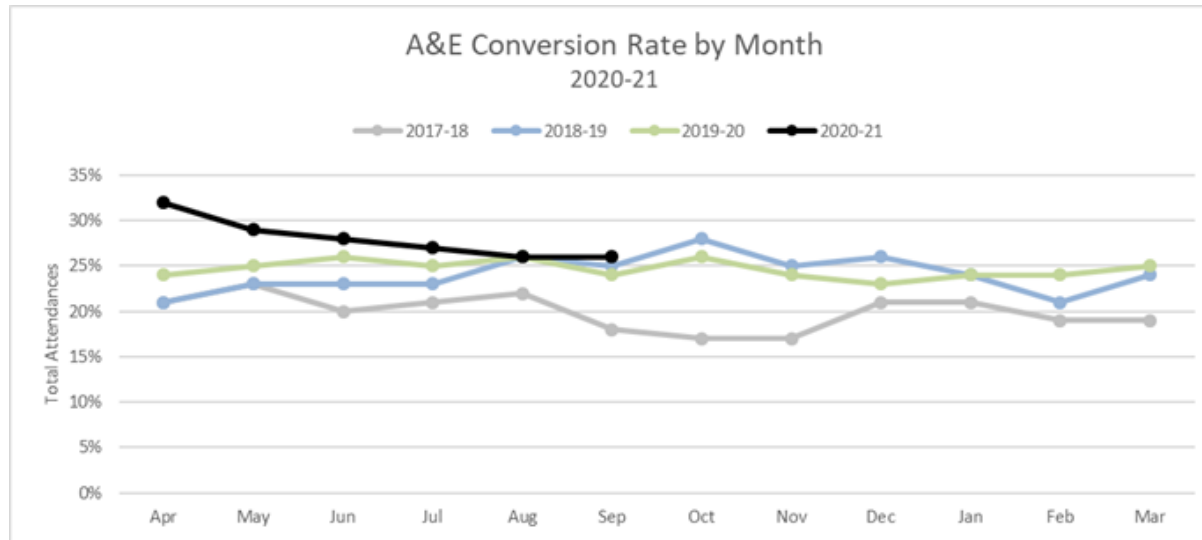
# Regional and National Benchmarking Picture

## COVID-19

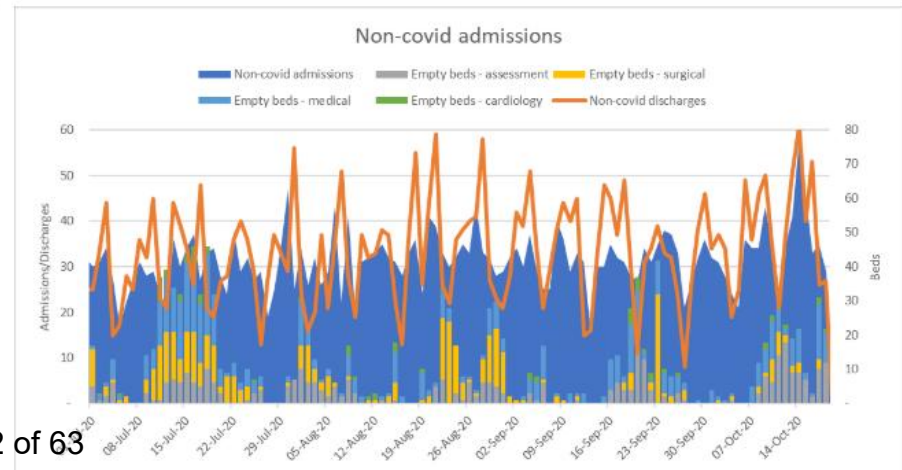
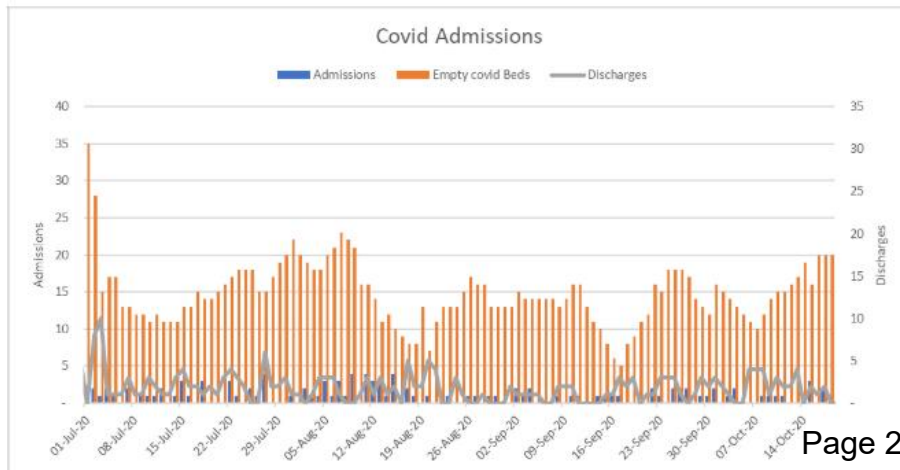
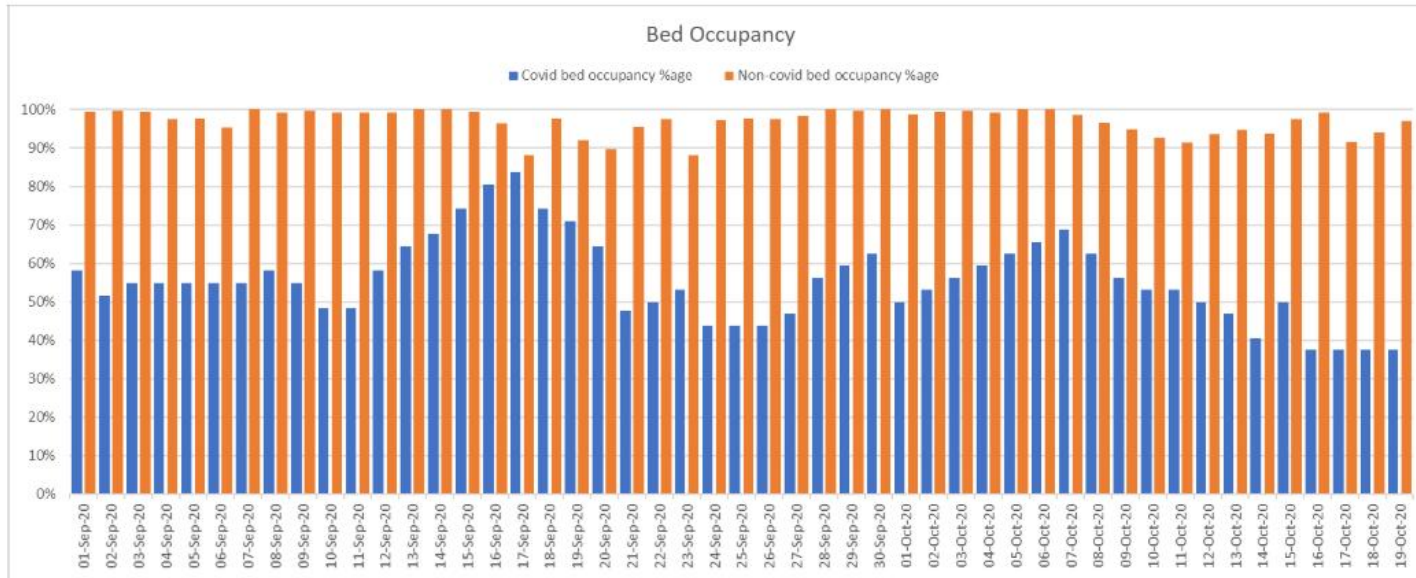


	Occupied Beds Count						
	14 Oct	15 Oct	16 Oct	17 Oct	18 Oct	19 Oct	20 Oct
Bedford Hospital	4	4	8	11	12	20	19
Luton and Dunstable Hospital	11	14	15	16	16	13	15
Milton Keynes Hospital	3	4	4	5	5	5	6
Basildon Hospital	45	50	47	43	60	61	67
Mid Essex Hospital	5	5	5	3	4	4	4
Southend Hospital	6	7	7	12	14	15	12
Lister Hospital	8	9	11	13	12	13	15
Princess Alexandra Hospital	7	6	8	6	7	6	9
Watford General Hospital	34	32	28	30	26	26	28
Addenbrookes Hospital	6	7	7	8	7	9	9
Hinchingbrooke Hospital	1	1	2	5	4	4	4
Peterborough City Hospital	12	12	13	11	17	19	20
Papworth	3	3	4	4	4	5	5
Colchester General Hospital	24	21	28	24	32	35	33
Ipswich Hospital	4	2	4	2	2	3	3
West Suffolk Hospital	5	4	5	4	6	7	6
James Paget Hospital	15	13	15	12	13	12	16
Norfolk and Norwich Hospital	8	9	9	8	9	9	11
The Queen Elizabeth Hospital	11	13	13	13	14	14	14
Total	212	216	233	230	264	280	296

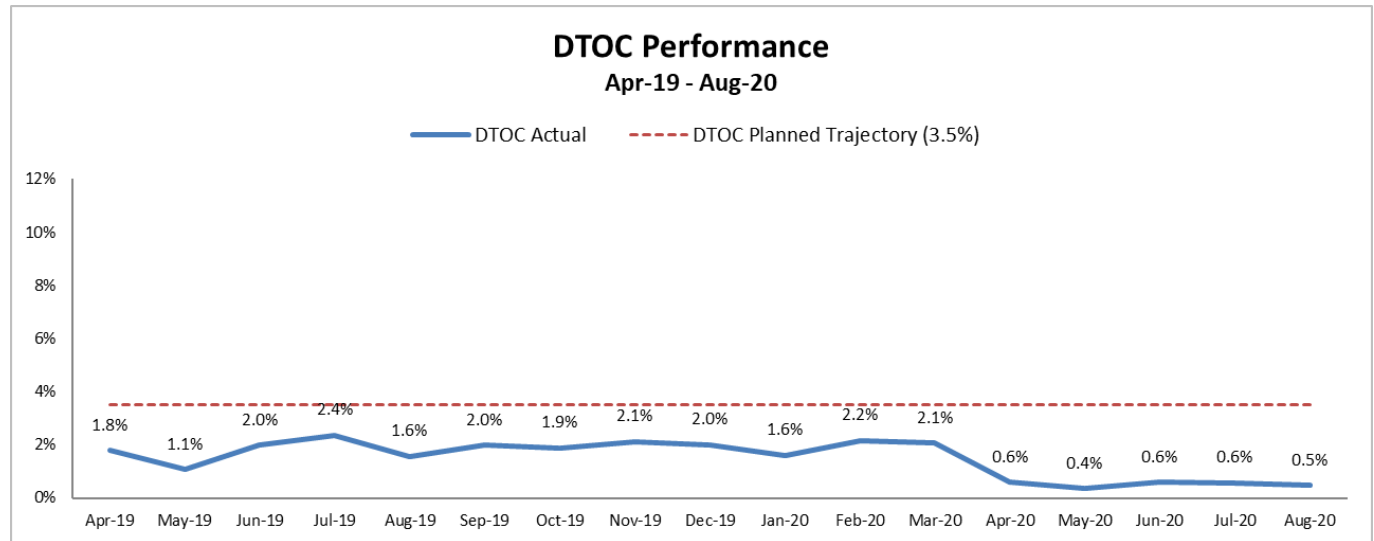
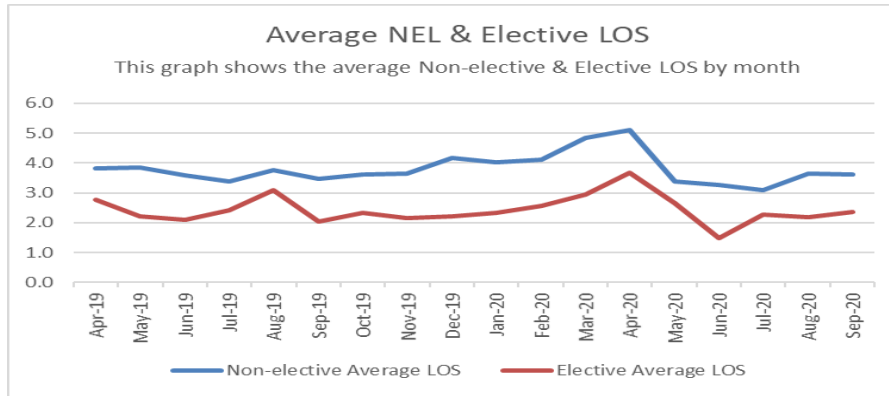
# Admissions



# Bed Capacity



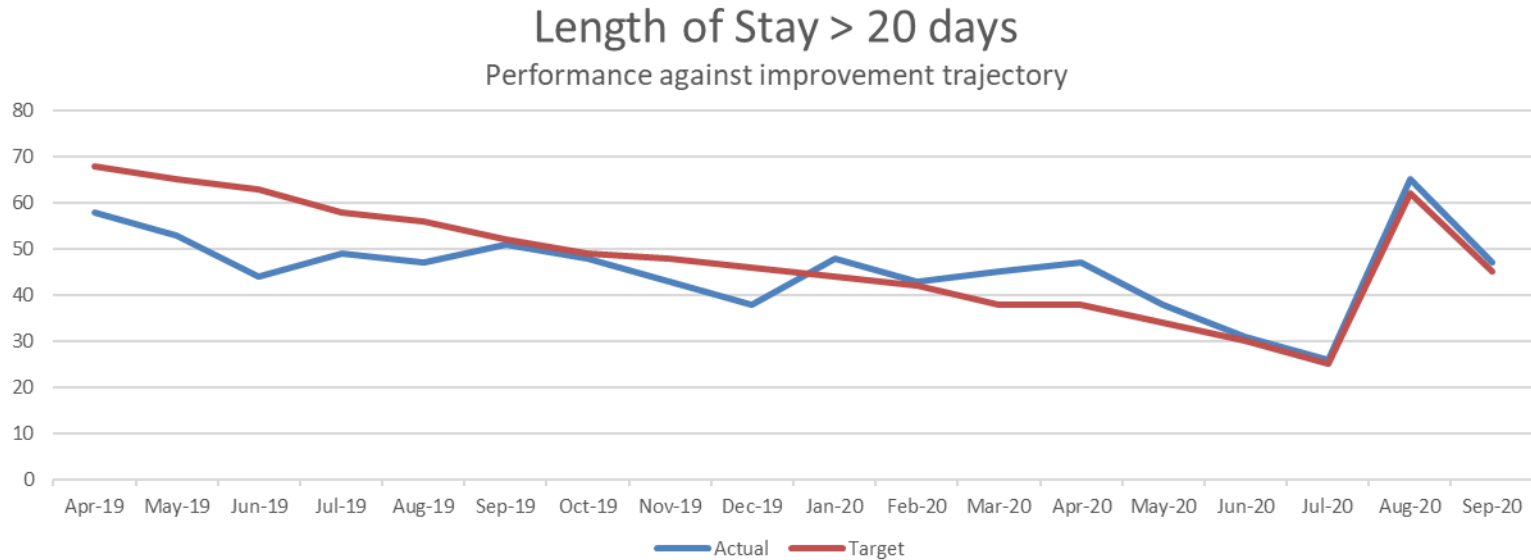
# LOS & DTOC



# Long Length of Stay Trajectory

This data has been taken from the discharge planning performance report.

LOS Trajectory Over 20 Days	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Actual	58	53	44	49	47	51	48	43	38	48	43	45	47	38	31	26	65	47
Target	68	65	63	58	56	52	49	48	46	44	42	38	38	34	30	25	62	45

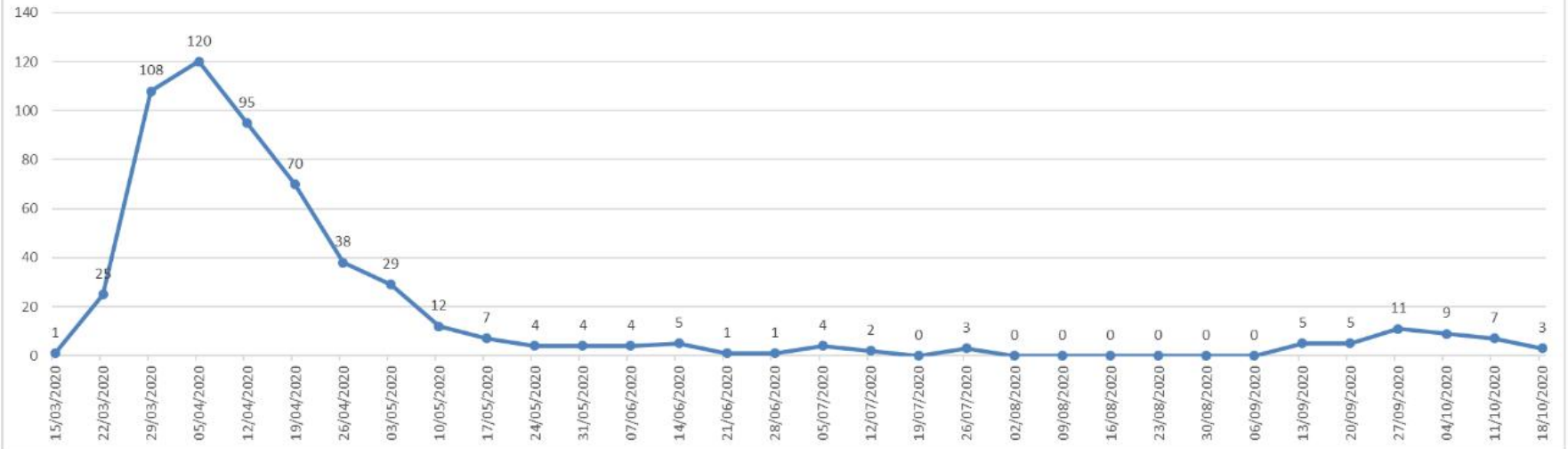


\*Our figures for April reflect the change over from Fastrack pathway to the Covid Careplan

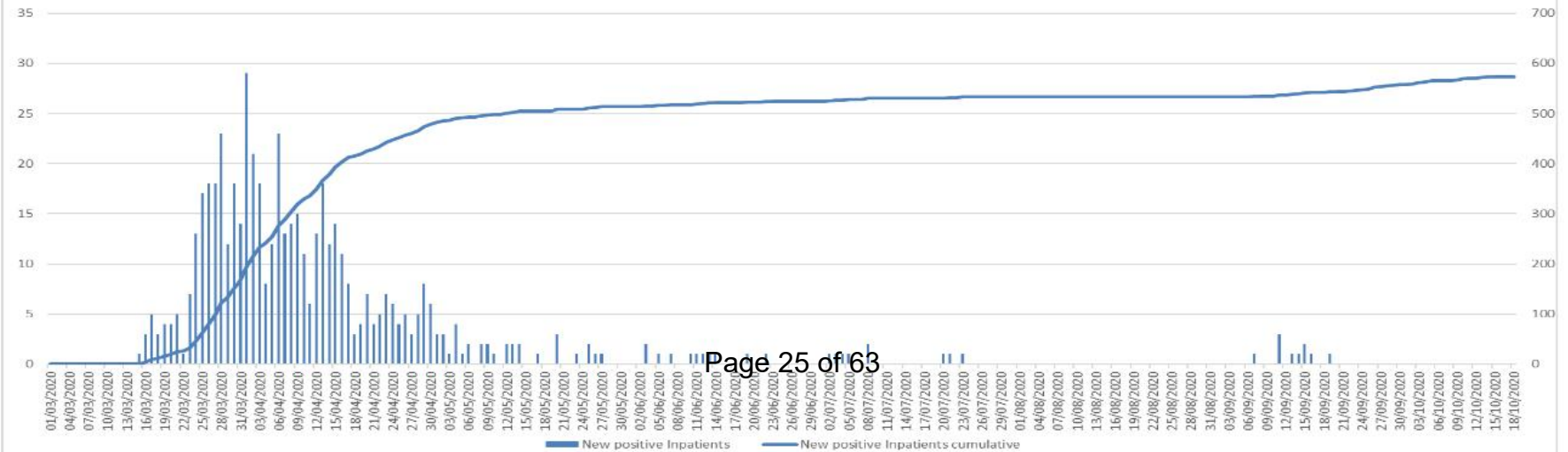


# COVID

New Positive Inpatients - by week ending



New positive Inpatients by day & Cumulative Picture



## Response

- Amazing staff response to unprecedented situation
- Different teams and ways of working
- 'Red' ED
- Reorganised the hospital
- Online outpatient consultations
- Maintained urgent and cancer surgery
- 650% critical capacity in April
- c. 500 patients treated – unfortunately 218 deaths due to COVID-19

## Impact

- Cancellation of elective surgery – longer waits than normal
- Diagnostic and cancer delays
- Physical and mental impact on colleagues
- Very sad loss of 2 colleagues

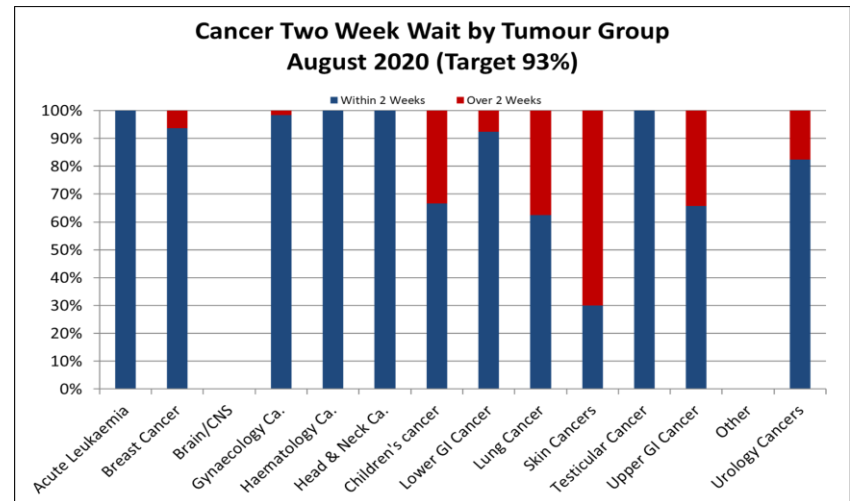
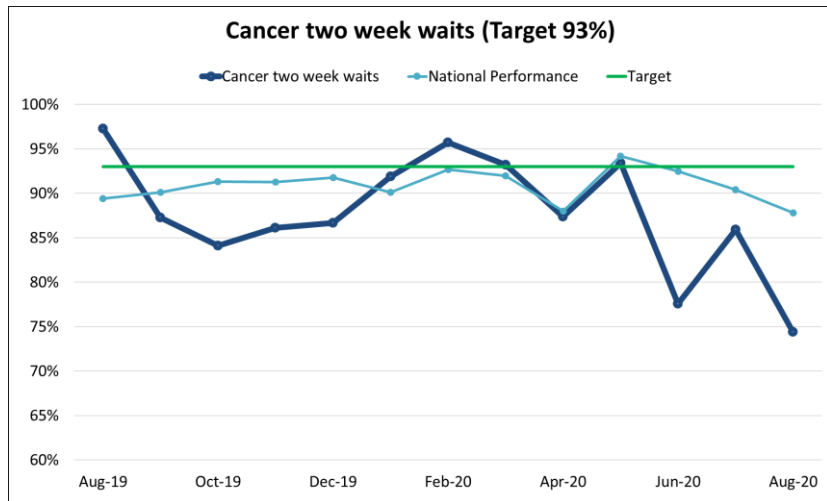
## Recovery / restoration

- Plans to get back to >90% of usual elective and day case activity from October
- 3<sup>rd</sup> endoscopy room to enable >100% endoscopy throughput
- Additional CT capacity to support diagnostics
- Acute Assessment Facility – 2 storey – by January
- Expanded frailty assessment
- Separate level 3 critical care facilities
- Dedicated level 1 facility
- Enhanced staff facilities for rest and expanded multi-faith space

## Colleagues

- Thanks to all colleagues for amazing response (clinicians and non-clinicians in all areas and to those who were shielding)

# Cancer – First appointments



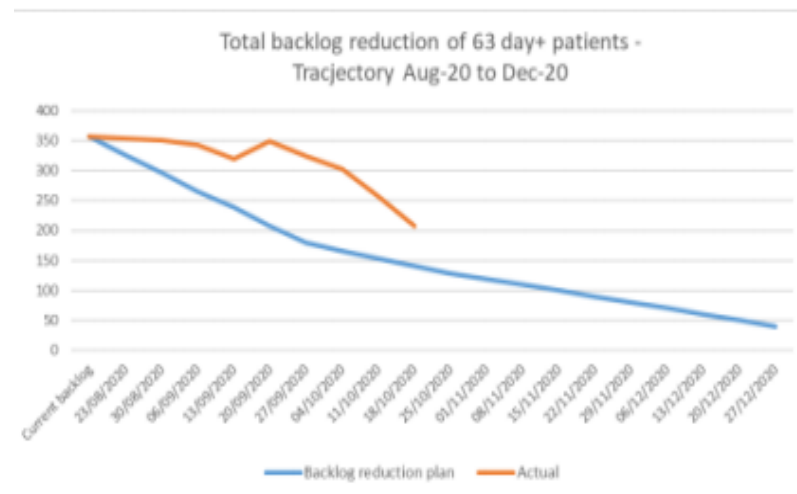
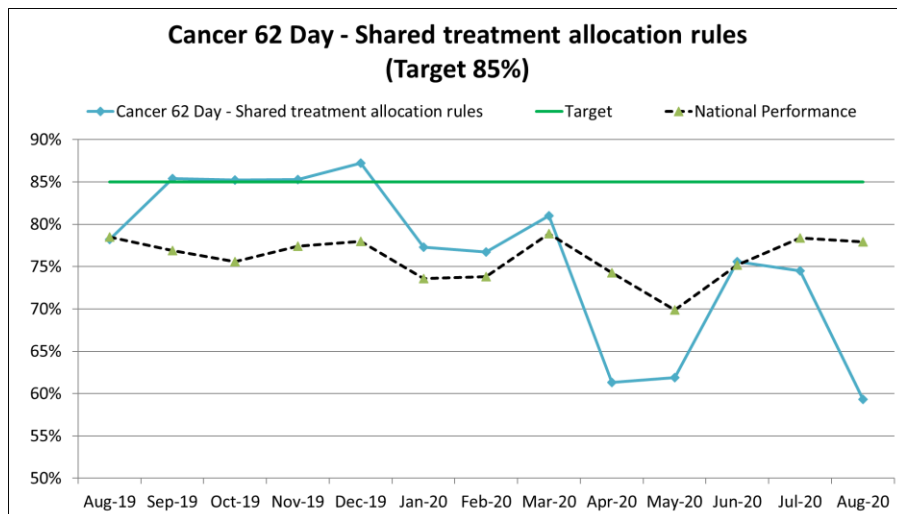
Cancer activity has continued throughout the first Covid period however capacity was reduced due to infection prevention measures.

Clinical stratification of patients at first attendance ensured that patients at highest risk were prioritised for earliest appointments.

Tumour sites that required face to face first appointments have taken longer to recover and dermatology was impacted by the summer surge in referrals.

August performance is the latest national reported, September performance (unvalidated) still reflects backlog catch-up but October first appointment data is showing improvements.

# Cancer – 62 day performance



- The deteriorated cancer performance reflects the focus on diagnosing & treating the backlog of patients caused during the Covid period. Treating a larger number of breached patients directly impacts the 28 day diagnosis, 31 day and 62 day standards.
- The backlog of patients over 62 days has reduced by 29% from August to date (18/10) and the number of patients over 104 days has reduced by 44%.
- Cancer tumour site clinical leads have been integral in developing recovery plans which are presented and discussed monthly at the Cancer Management Board.
- Detailed cancer recovery action plan in place, support from ICS colleagues, Cancer Alliance & NHSE/I.

<b>Presented by:</b>	Stephanie Lawton, Chief Operating Officer
<b>Subject / title:</b>	Emergency Care Update & Covid-19 4 <sup>th</sup> November 2020
<b>Appendices:</b>	1 (Slides)

## **Emergency Care Update**

The demand for urgent care through our Emergency Department fell sharply through March and April, starting to pick up in May and is now up to 92% - 98% of pre-COVID-19 levels. Our performance against the 4-hour standard has been much improved over the last 5 months and consistently higher than 85% of patients seen, treated, admitted or discharged within 4 hours. Winter planning has made very good progress building on the lessons learnt from last winter, the 1<sup>st</sup> COVID wave and feeding into the system level winter resilience planning that is managed under the Urgent and Emergency Care T&F group. We are on track to have the Adult Assessment Unit (8hr stay, 35 spaces) on stream before Christmas.

Emergency Care performance continues to be closely monitored with detailed plans in place to improve the internal professional standards. Separation of ED remains in place with some concerns identified in relation to waiting room capacity and maintaining social distancing ahead of winter. This continues to be reviewed daily. There are several workstreams in place both locally and across the STP/ICS. Strong support from NHSI to develop further capacity and support of the use of 111 services linked to emergency department plans are currently being worked through. We have established a Respiratory Assessment Unit which will focus on COVID attendances to allow for segregation from other attendances and we are in the process of finalising the plans and project teams for the Frailty Unit project. Good progress is being made with SDEC and Surgical Assessment Unit space as well. Ambulance handover performance improved during the first half of the year, however whilst improvements continue, the challenge of increased attendances, social distancing and avoiding corridor care is becoming an ever increasing area of focus. The support from the ambulance liaison officer onsite is extremely valuable and close working between this post holder and the ED team will continue to assist in improving flow and patient experience. The graphs below show the ED performance and attendance numbers since the start of the year.

Bed occupancy levels have been closely monitored with changes to ward configuration, specialty and layout having to be responsive to a changing environment. The hospital ward bed base was separated into zones to ensure adequate capacity for covid and non-covid patients. Staff were allocated to working in zones to reduce the risk of movement across the site. Bed occupancy has continued to be monitored on a daily, weekly and monthly basis with good engagement across the health system.

## **Restoration of services and winter planning**

We are working well with health and care colleagues across West Essex to restore our services quickly and safely to pre-COVID levels, particularly focussed on the urgent cases and longest waiters.

As we move into the winter and the probability of a 2<sup>nd</sup> peak of COVID-19 cases, we are undertaking a significant amount of estate changes on the PAH site to support our patients and our colleagues. We are:

- about to start building work on a new facility to be co-located to Charnley Ward to enable us to co-locate all our urgent care assessment and provide a new model of care for patients. A new 2-storey building will be part open in December and fully open in January

- will also be reorganising the facilities on the ground floor next to our Emergency Department (ED) to provide enhanced frailty assessment space and support the speedier and better flow and care for our older people attending our ED
- have created the ability for us to have separate level 3 critical care facilities for known COVID-19 cases and confirmed non-COVID-19 patients
- created a Level 1 facility
- opening our on-site fracture clinic space in the autumn
- building a long awaited high quality staff area (Alex Lounge)
- expanding our multi-faith space for colleagues and patients

All the above changes are planned to be in place and operational during 2020.

All system colleagues are working well together to plan for winter and a potential second COVID-19 peak. Other winter preparation includes the important ability to provide all our colleagues with access to the 'flu vaccination. Our vaccination programme has started and learning from last year's campaign as well as recent COVID-19 testing has been taken to ensure that we are able to quickly and effectively mobilise colleagues to provide the vaccination to all our people.

Despite a huge amount of hard work from many across the system, the impact of COVID-19 has been significant on our services and it will be some time before we have managed to recover our services fully and meet the access targets and waiting times that we achieved pre-COVID-19.

## Regional and National Benchmarking Picture

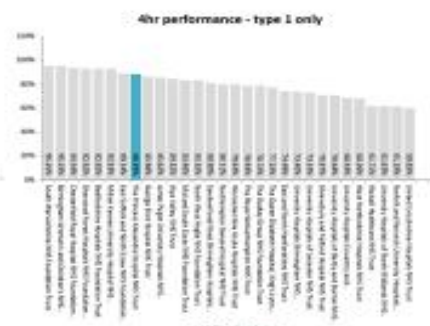
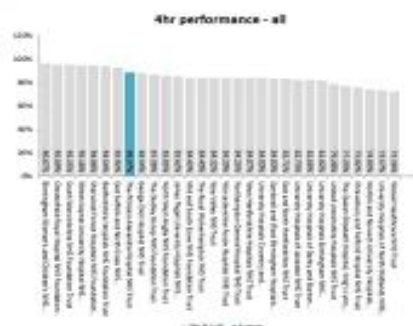
### A&E

East of England		Performance Data for 20 October 2020							
Area	Provider Name	A&E Attends	A&E All Type 8 Hour %	A&E Conversion	Bed Occupancy	OTOC %	7 Day Standard %	21 Day Extended Standard %	Streamed %
14.137	North & Norwich IT	472	66.9%	28.3%	81.9%	0.0%	62.2%	11.7%	5.3%
14.137	East & North Hertfordshire	607	72.2%	42.3%	81.4%	0.0%	61.2%	16.7%	9.2%
14.137	West Hertfordshire Hospitals	400	73.5%	49.1%	86.7%	0.0%	40.8%	8.7%	0.0%
14.137	James Paget IT	205	74.6%	23.4%	82.5%	4.8%	51.6%	16.0%	1.0%
14.137	The Queen Elizabeth King's Lynn IT	189	61.4%	29.1%	81.3%	0.0%	40.4%	11.8%	0.0%
14.137	Mid and South Essex IT	379	62.6%	36.3%	72.7%	0.2%	46.0%	11.1%	8.1%
14.137	The Princess Alexandra	329	62.8%	29.4%	81.2%	1.9%	56.9%	16.9%	17.3%
14.137	North West Anglia IT	405	64.2%	28.0%	81.0%	0.0%	48.7%	13.1%	0.0%
14.137	East Suffolk & North Essex IT	672	68.8%	36.4%	85.0%	0.0%	50.7%	8.9%	4.1%
14.137	Arden Keynes IT	329	69.4%	22.7%	86.5%	4.8%	48.9%	13.1%	8.4%
14.137	Cambridge UK IT	355		34.3%	80.3%	0.0%	47.9%	20.2%	15.5%
14.137	West Essex Hospitals IT	545		41.4%	81.0%	0.0%	47.8%	13.9%	26.8%
14.137	West Suffolk IT	187		32.6%	88.6%	1.7%	42.9%	13.0%	3.7%
Total of England Region - Full Panel									
Next Friday		5,412	69.8%	32.1%	81.8%	0.6%	48.2%	13.9%	7.4%
Week To Date		11,412	62.1%	31.1%	81.7%	0.7%	49.0%	13.0%	7.7%
Month To Date		105,184	64.7%	32.6%	86.3%	0.8%	45.7%	13.4%	7.8%
Year To Date		806,632	67.4%	31.6%	85.5%	1.1%	41.4%	13.1%	7.2%

Unpublished Daily Data - For WISES operational use only and not to be shared externally

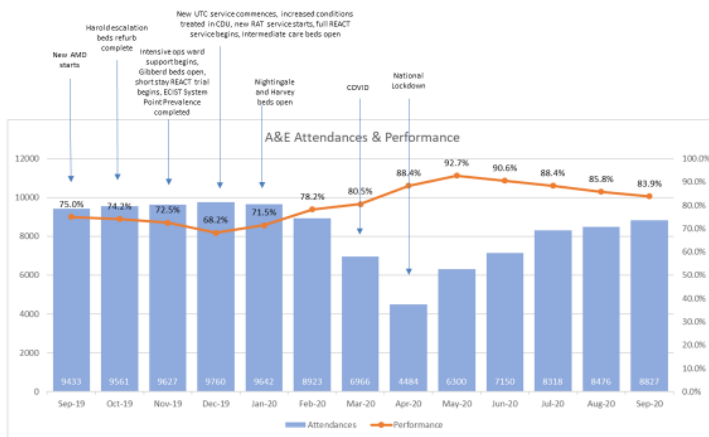
4hr performance weekly rank (all Types)	
National	Region
53/125	9/40

4hr performance weekly rank (Type 1)	
National	Region
27/125	9/40

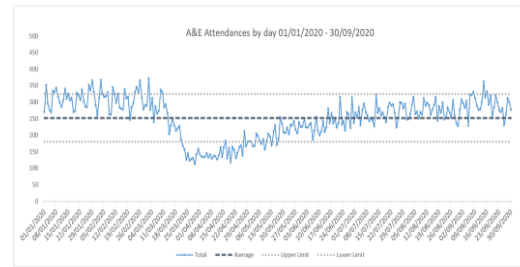




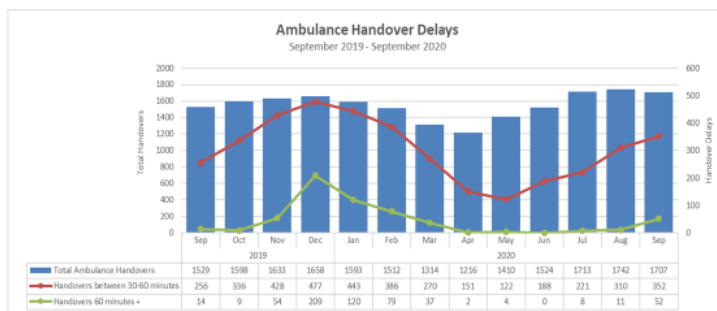
## 4 hour Performance



## Daily Attendance Chart

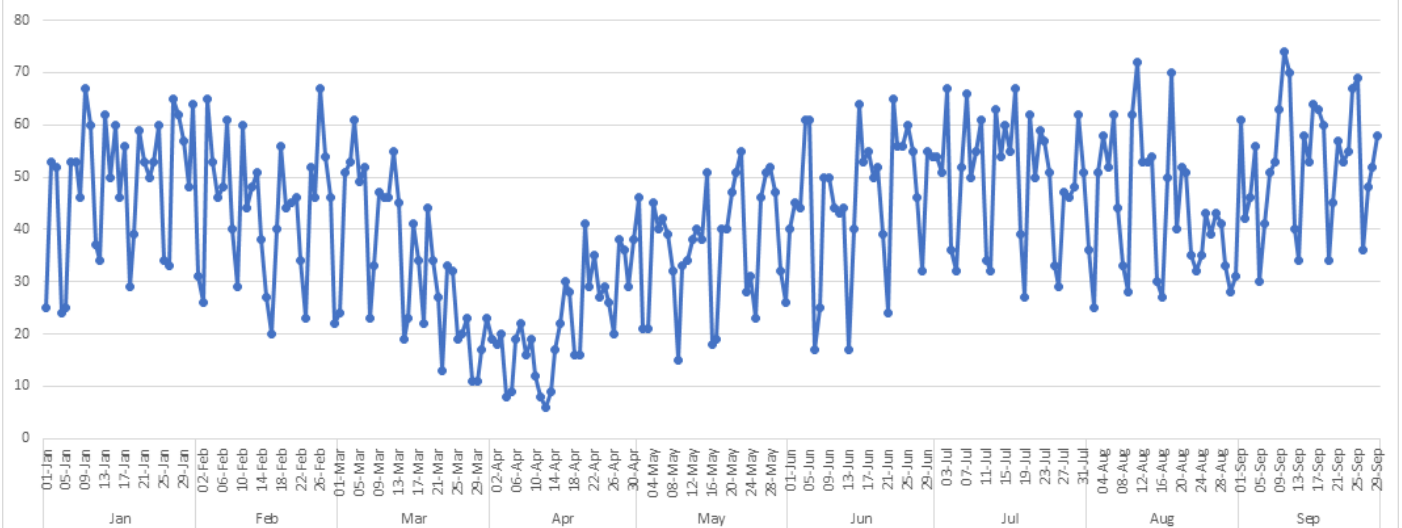


## Ambulance Handover Times



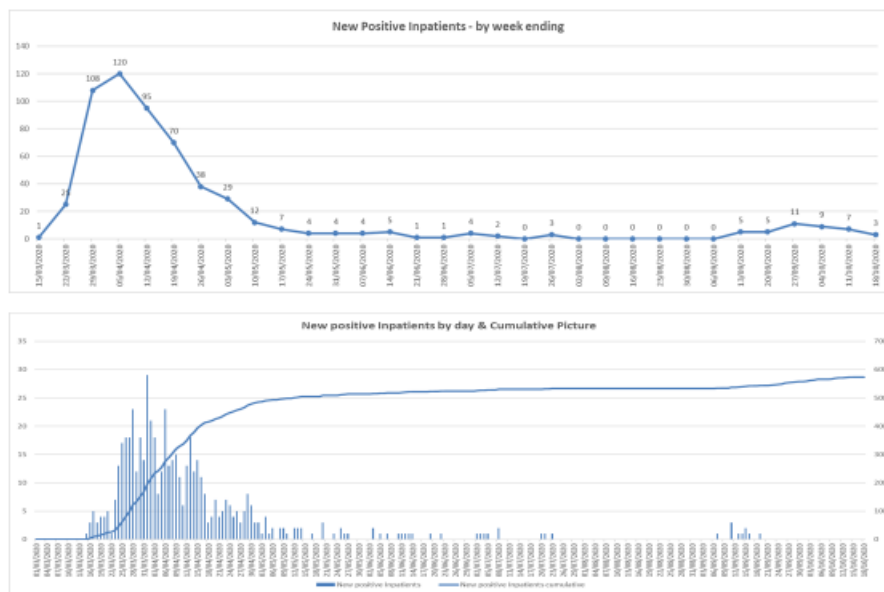
## Non-Elective 0 Day LOS Discharges

January 2020 - September 2020





**COVID**



## COVID – 19

In line with national guidance, to help manage the COVID-19 pandemic, we ceased elective operating (except for cancer cases and urgent cases) in March.

Along with other Essex hospitals, we experienced a very significant number of cases early in the pandemic and made a huge number of changes to how the hospital was run, co-ordinated and laid out to ensure we could maintain the safety of our patients and our colleagues. In addition to creating a separate 'red' Emergency Department for patients presenting with COVID-19 symptoms, we realigned our bed base and wards geographically in the hospital to create, as much as possible, a COVID-19 part of the hospital and a non-COVID-19 part of the hospital. We also significantly enhanced our critical care capacity and moved more than 90% of our outpatient consultations to virtual, many online.

At our peak, in April, our ventilated capacity for known COVID-19 patients was at almost 650% of our normal ventilated capacity, and at one point we had in excess of 150 positive COVID-19 patients being cared for in the organisation.

To date we have treated more than 500 patients with a positive COVID-19 test. Sadly 218 patients have died in our hospital as a result of COVID-19.

## Impact of COVID-19 on services

We have some significant pressures currently in terms of patients waiting for diagnostics and for elective surgical interventions. For the first time in more than two years, we have patients who have been waiting for more than 52 weeks for their routine surgery, more than 200 in total, many of whom are waiting for elective orthopaedic procedures.

We also have significant pressure and demand for our diagnostic services so that we can ensure that we diagnose and treat suspected cancers in the timely manner, as we have done for several years. We have expanded our endoscopy, CT and MRI capacity significantly to support the management of cancer patients.

In addition to our capacity, we are working closely and well with our independent sector colleagues at The Rivers and several other providers to maximise access to key services so that we can restore timely services to all our patients.

All patients who have been waiting for longer than they would do normally are being reviewed by the relevant clinical team and reprioritised where appropriate on a case by case basis to ensure that we manage everyone's care and priority effectively and safely.

We have detailed and clear plans to get back up to more than 90% of our usual day surgery capacity by the end of September and inpatient elective capacity by November.

Referrals to PAHT for suspected cancer fell significantly during the height of the pandemic and I'm pleased that the rate of referral for suspected cancers has largely returned to pre-COVID-19 levels over the last 6 weeks.

Routine GP referrals to the Trust however remain low, with recent weeks about 20% lower than normal pre-COVID-19 levels.

We will continue to communicate with the local population to try to provide assurance that our services and facilities are safe to use.

### **Staff support and testing**

Whilst the number of patients attending the hospital fell significantly over recent months, the demands of treating COVID-19 patients have been significant and put a huge amount of physical and mental stress on many of our colleagues. We have provided a range of health and wellbeing support for colleagues through this period and in particular I'd like to thank Essex Partnership University NHS Foundation Trust (EPUT) for the mental health and wellbeing support that they have provided for our colleagues.

To support the ongoing pandemic, 78.3% of our people have been tested for COVID-19 antibodies and vitamin D levels. 21% have antibodies detected, although this does not guarantee immunity, and 37% have either a deficient or insufficient level of vitamin D and have been advised to use supplements.

The results show some, but not significant, variations between professionals and departments. For example our scientists and administrative teams having slightly lower levels of antibody positive results than other colleagues.

As with the national picture, our staff from a BAME background have had a higher incidence rate of contracting COVID-19 than non-BAME colleagues with 28.6% of BAME colleagues tested returning positive antibody test results compared with 17.3% of our non-BAME colleagues.

All colleagues have been encouraged to complete a personal COVID-19 risk assessment to support decisions to maximise their health and wellbeing.

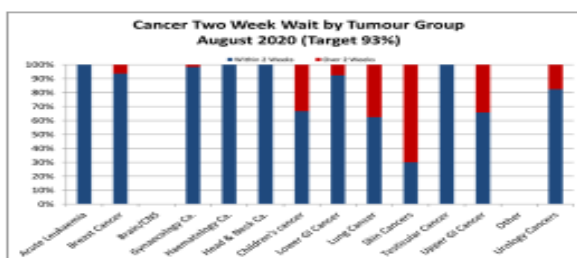
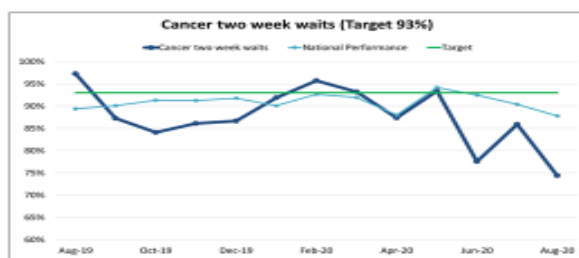
We have supported colleagues in many ways including:

- Ongoing access to SHaW, chaplaincy team, mental health first aiders, Health Assured and EPUT services for their own health and wellbeing
- Support from our SHaW team for initial staff testing and welfare calls
- 'Wobble room' on Henry Moore ward for staff to have a quiet moment
- Credit card sized communication regarding support
- Absence reporting line to make contacting the hospital in times of sickness easier
- Access to staff and household testing
- PPE Safety Officers to support colleagues with PPE guidance and anxieties
- Access to free drinks and food
- Free on site car parking
- Support for home working and more agile working arrangements
- Ongoing communications with and support for colleagues who are shielding
- Project Wingman with support from British Airways and Stanstead Airport to provide a lounge style service for colleagues

In addition we have received in excess of £35,000 to our 'just giving' page, more than £50,000 worth of goods through an Amazon wish list, not run by the Trust, and significant amounts of other support from local residents and local organisations and businesses in terms of food, drink and messages of support.

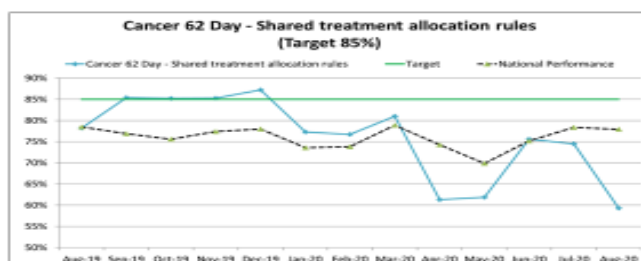
We will be developing a high-quality staff room for all colleagues on the PAH site once we have created a suitable space through filling Kao Park with non-clinical colleagues who do not need to be on site.

### Cancer – First appointments



Cancer activity has continued throughout the first Covid period however capacity was reduced due to infection prevention measures. Clinical stratification of patients at first attendance ensured that patients at highest risk were prioritised for earliest appointments. Tumour sites that required face to face first appointments have taken longer to recover and dermatology was impacted by the summer surge in referrals. August performance is the latest national reported, September performance (unvalidated) still reflects backlog catch-up but October first appointment data is showing improvements.

### Cancer – 62 day performance



- The deteriorated cancer performance reflects the focus on diagnosing & treating the backlog of patients caused during the Covid period. Treating a larger number of breached patients directly impacts the 28 day diagnosis, 31 day and 62 day standards.
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- Cancer tumour site clinical leads have been integral in developing recovery plans which are presented and discussed monthly at the Cancer Management Board.
- Detailed cancer recovery action plan in place, support from ICS colleagues, Cancer Alliance & NHSE/I.

Additional slides and detail are attached for information

**Stephanie Lawton**  
Chief Operating Officer

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# **A&E PRESSURES**

***East Suffolk & North Essex  
Foundation Trust (ESNEFT)***

***Site – Colchester General  
Hospital***

Health Overview & Scrutiny Committee  
November 2020

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# Emergency Care Services at Colchester Hospital

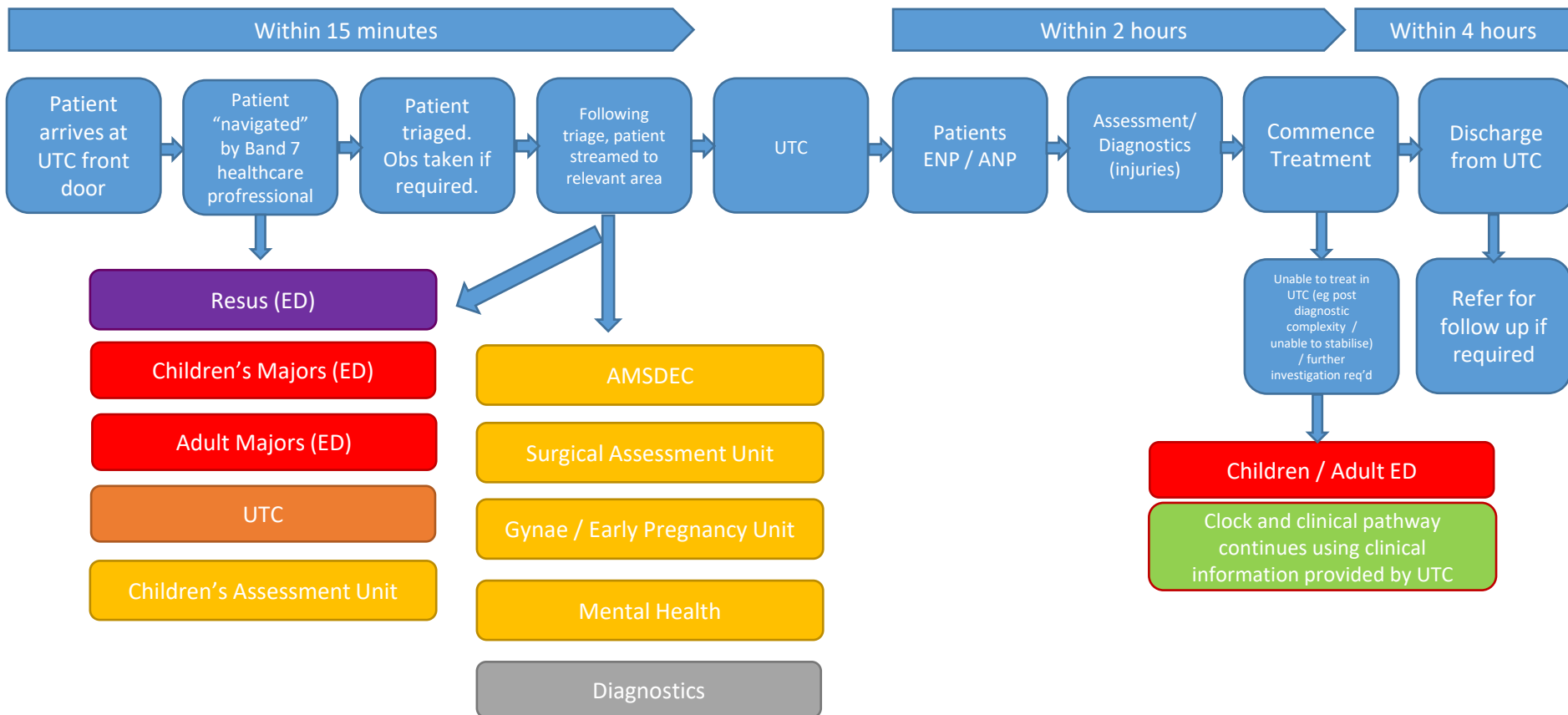
In line with strategy laid out in the NHS Long Term Plan, the front door of Colchester hospital for urgent care has been reformed and is currently structured as follows:

- **Urgent Treatment Centre (UTC)**
  - Receives all emergency ambulatory activity.
  - Initial assessment by navigator at front door and streamed to right place (see next slide)
  - Has bookable appointments from 111
- **Emergency Department (ED)**
  - Type 1 (majors activity). Able to assess and stabilise the sickest of patients arriving for emergency care.
- **Acute Medical Same Day Emergency Care (AMSDEC)**
  - Provides a direct route for GP, Urgent Treatment Centre or ambulance referrals into hospital avoiding Emergency Department.
  - Criteria based attendance.
  - Avoids both Emergency Department attendances and relieves pressure on bed base by not admitting patients to wards unnecessarily.

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# Front Door UTC Navigation

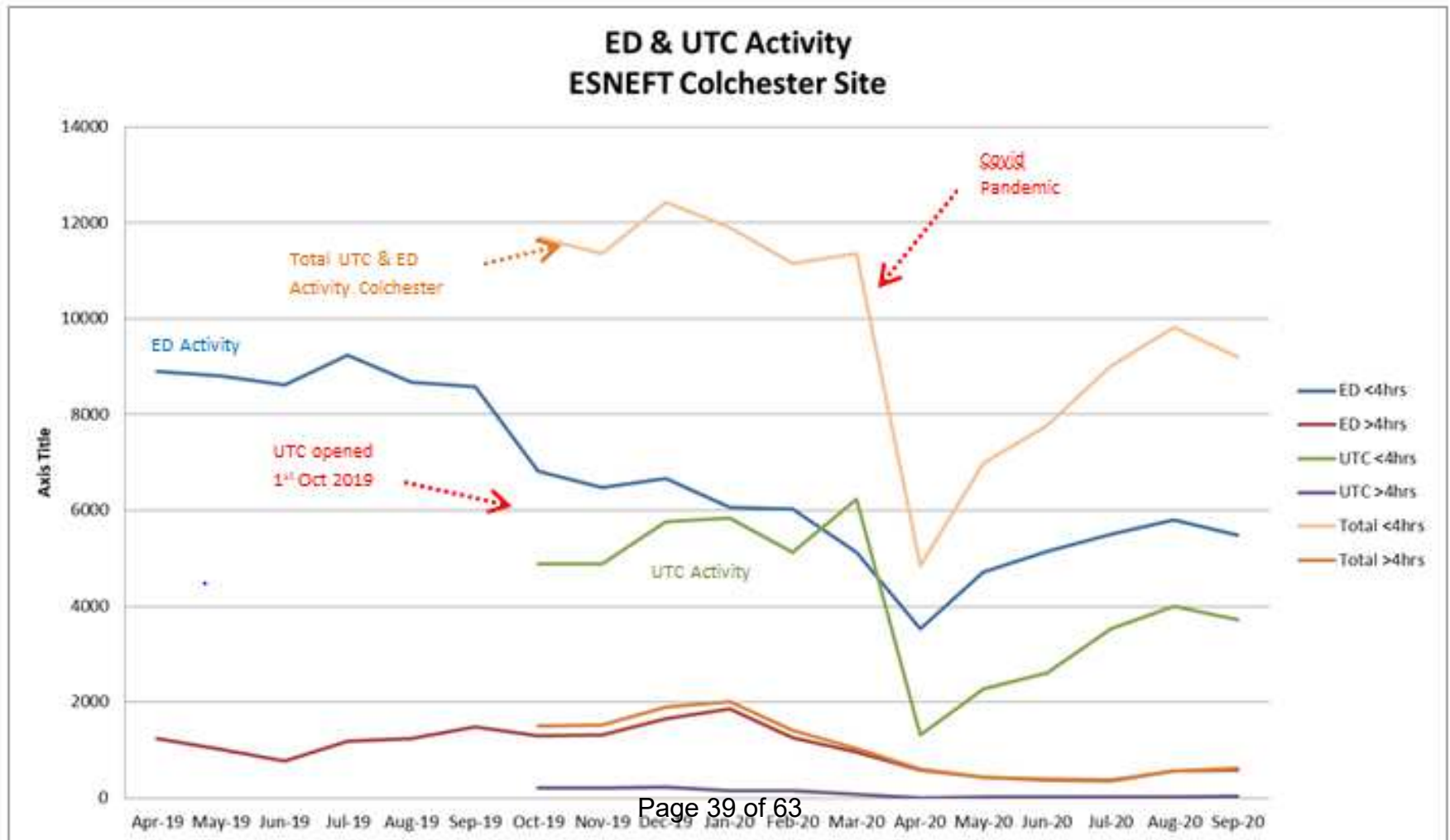
Safety standard for UTC is for patients to be streamed, triaged, treated and discharged within a total of 4 hours.  
or care transferred to ED in maximum 2hrs 30 mins if treatment commences in UTC



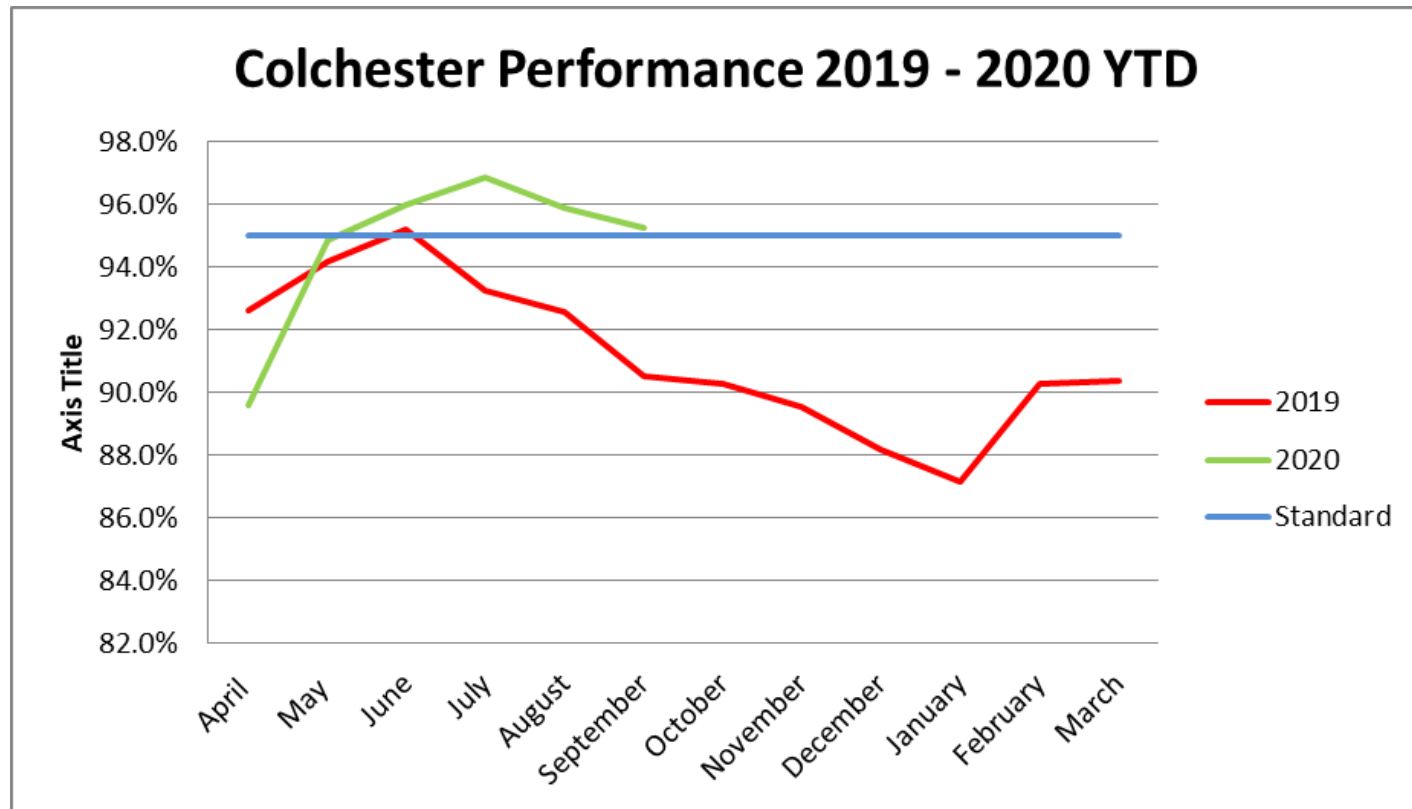
## Notes to consider:

- Aim is to get patients to right place on initial arrival based on presenting symptoms.
- Patient to be triaged within 15 minutes.
- Where patient meets initial UTC criteria they will be seen in UTC first and referred on to ED, AMSDEC or specialties within 2 hours maximum.
- MSK direct Orthopedic input (TOADS) pathway in place.

# Changes in Activity at Colchester



# Performance Comparison Last Year to This Year





# Changes Between 2019 to 2020

- **AMSDEC** (Acute Medical Same Day Emergency Care)
  - Enhanced service to take additional patients meeting criteria to avoid ED attendance and admission to deeper ward.
- **UTC Opened October 2019**
  - Lift and shift of minor injury activity from ED into UTC (hence initial step change reduction in October)
  - Pathway developed to avoid ED e.g. straight to AMSDEC/Surgical Assessment Unit.
- **Covid-19 Pandemic from March 2020**
  - Significant change to logistical service operation
  - Enabled pace of change for further pathways to be implemented e.g. Fracture clinic same day review by Orthopaedics.
  - Currently returned to 100% of ED Type 1 activity
  - UTC currently seeing about 75% of pre Covid activity levels. Significant drop in minor illness and increase in minor injury.
  - Streaming higher volume of patients away to self care or alternative pathways.

# Successes in Urgent Care at Colchester

- **Recruitment of middle grade doctors in ED**
  - Reduced from vacancy of 12 doctors to 3 doctors
- **Workforce in UTC**
  - Commenced service with 47% vacancy rate in posts.
  - Learning from activity levels has allowed innovation with workforce and posts to reduce to 24% vacancy rate with recruitment ongoing into roles as well as clear training plans for developing staff.
- **Performance**
  - Performance was extremely challenged in ED and throughout 2019. Initial 3 months in UTC were the mobilisation phase with pathways and processes being tested and adapted. January and February the service was embedding and activity and performance were moving in the right direction.
- **Financial efficiency**
  - The delivery of service change and managing increasing demand across all elements of the front door at Colchester have been underpinned with delivery of savings and a focus on value for money. All financial elements have been delivered while improving performance.
- **Ambulance Handover performance**
  - Despite increasing activity levels and surges of activity Colchester site manage the handovers from ambulances extremely well. The site remains the dominant regional leader in for performance in this area very consistently and is seen by ambulance service as an exemplar site.

# Lessons Learnt from Covid–19 Pandemic

- Pathway changes and integration with other specialties built upon and key to delivery of better care going forward.
- Improved confidence to stream from navigation at front door to community services and self care.
- Future proofing newly designed clinical areas to ensure they are flexible for use in ED as majors or ambulatory with services such as piped oxygen in place if needed.
- Integration of mental and physical health for urgent care crucial to provide responsive service.
- Communication is key with staff and patients to implement change at fast pace and this has been improved across service areas. Using different ways of communication with patients to ensure clarity and understand of what is happening during their time in hospital.
- Digital working options and embracing use of Teams to provide virtual training updates and meetings.
- Increase use of virtual systems to follow up patients.
- System wide collaboration across stakeholders in Emergency Care flow to determine fast paced change to resolve issues.
- Ensuring best utilisation of services outside of hospital including other Urgent Treatment Centre services in Clacton.
- GP's signposting to community services for future requirements to educate patients of alternative options.

# Current Challenges

Challenges	Mitigating Action
Pandemic	<ul style="list-style-type: none"> <li>• Development of pathways and clinical areas separating Covid Symptomatic and Non Covid Symptomatic (red and amber)</li> <li>• Expand ED capacity to manage both streams – move UTC to outpatient clinic rooms and Paediatrics into Children's Assessment Unit area.</li> <li>• Further expansion of ED ambulatory area to enable management of patients within social distancing requirements</li> <li>• Installation of additional equipment to manage patients safely.</li> </ul>
Activity changes and surge post covid	<ul style="list-style-type: none"> <li>• Close real time management of activity levels within UTC, ED and AMDSEC.</li> <li>• Managing resource and staffing to meet emerging patients requirements.</li> <li>• Understanding drivers of change including ambulance surges and what can be done to meet demand.</li> <li>• Increase use of 111 direct booking</li> </ul>
Ambulance conveyancing to hospital continues to rise with post Covid change in late evening surges	<ul style="list-style-type: none"> <li>• HALO (Hospital Ambulance Liaison Officer) post continues to provide dedicated management and oversight of handover processes at hospital.</li> <li>• Audit undertaken to understand</li> <li>• CCG have funded two Early Intervention Vehicles (falls and advanced paramedic) which continue to have positive effect and well utilised.</li> </ul>
Pathway management and flow	<ul style="list-style-type: none"> <li>• Emergency Care Operational Group has been established for all internal and external stakeholders in ED to be able to work together to respond to and resolve pathway and flow issues through urgent care.</li> <li>• New pathways and revision of existing pathways to meet changing needs in current climate.</li> <li>• Ongoing analysis of breaches of 4 hr standard to understand where bottle necks are in the flow and direct working with other services to resolve.</li> </ul>

# Current Challenges

Challenges	Mitigating Action
Mental Health presentations continue to increase	<ul style="list-style-type: none"><li>• Driven by pre and post pandemic issues.</li><li>• Pathway through acute 1<sup>st</sup> wave of pandemic was direct to mental health unit for patients with non medical requirements.</li><li>• Currently working up dedicated area in ED for mental health suite to allow for further integration with medical service.</li></ul>
We have the most deprived neighbourhood in England (Tendring). Higher levels of mortality relating to preventable conditions, obesity, alcohol, suicide, diabetes, cardiac, respiratory and high levels of GP vacancies	<ul style="list-style-type: none"><li>• Formation of North East Essex Health &amp; Wellbeing Alliance</li><li>• The Alliance have identified four main priorities (Resilience, Community Model, Prevention and System Enablers) across the local health economy which will work to address these issues</li></ul>

# ESNEFT Bed Capacity Planning

- We have established bed modelling , internally within ESNEFT and across our Alliances in order to enable sustainable planning allowing the achievement of our agreed 92% target occupancy levels.
- A bed capacity and demand plan was developed early in 2020/21 that was based on recovering specific percentages of historical patient numbers in line with the NHSI/E's phase 3 expectations.
- The revised model is based on expected demand against the total funded overnight beds available at each hospital site. Bearing in mind the forecasted deficits demonstrated in the following slides, further urgent bed saving schemes have been scoped. These are a combination of projects that reduce length of stay or prevent admission into an acute ward. All schemes have agreed funding
- A 30% risk assessment weighting has been applied to all admission avoidance schemes to account for potential double counting and under-delivery. Additional bed capacity schemes do not include this risk assessment factor.
- In the event of a significant second Covid surge a detailed surge plan has been developed which provides a further 64 beds if /when needed – these are excluded from the detail on the next slide

# Colchester Bed Capacity Planning – summary of bed mitigating schemes and expected impacts on the achievement of 92% occupancy

## Colchester site (92% Occupancy)

	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Baseline Acute Demand</b>	<b>562</b>	<b>647</b>	<b>662</b>	<b>622</b>	<b>645</b>	<b>640</b>	<b>656</b>
<b>Baseline Acute Capacity</b>	<b>567</b>	<b>567</b>	<b>567</b>	<b>567</b>	<b>567</b>	<b>567</b>	<b>567</b>
<b>Baseline gap</b>	<b>5</b>	<b>(80)</b>	<b>(95)</b>	<b>(55)</b>	<b>(78)</b>	<b>(73)</b>	<b>(89)</b>
<b>Capacity Adjustments</b>							
<i>Copford Ward</i>	20	20	20	20	20	20	20
<i>Stanward Ward - E Bay</i>	7	7	7	7	7	7	7
<b>Total Capacity Adjustments</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>
<b>Demand Management Schemes</b>							
<i>LLoS 21days</i>	10	10	10	10	10	10	10
<i>LLOS</i>	4	4	4	4	4	4	4
<i>Discharge to assess</i>	10	10	10	10	10	10	10
<i>Older Adult Short Stay assessment unit</i>	0	6	6	6	6	6	6
<i>Frailty assessment Unit</i>	0	4	4	4	4	4	4
<i>Emergency Cancer patients (West Bergholt)</i>	0	10	10	10	10	10	10
<i>End of Life pathways</i>	5	5	5	5	5	5	5
<i>Stroke Pathway</i>	0	4	4	4	4	4	4
<i>Urgent Community Response Service</i>	0	4	4	4	4	4	4
<i>AMSDEC/Frailty Tending</i>	0	2	2	2	2	2	2
<i>Risk Assessment</i>	(9)	(18)	(18)	(18)	(18)	(18)	(18)
<b>Total Demand Management Schemes</b>	<b>20.3</b>	<b>41.3</b>	<b>41.3</b>	<b>41.3</b>	<b>41.3</b>	<b>41.3</b>	<b>41.3</b>
<b>Risk assessed position</b>	<b>52</b>	<b>(12)</b>	<b>(27)</b>	<b>13</b>	<b>(10)</b>	<b>(5)</b>	

# Emergency Department Flows & Hospital Admission Avoidance

4 November 2020

Samantha Goldberg  
Chief Operating Officer



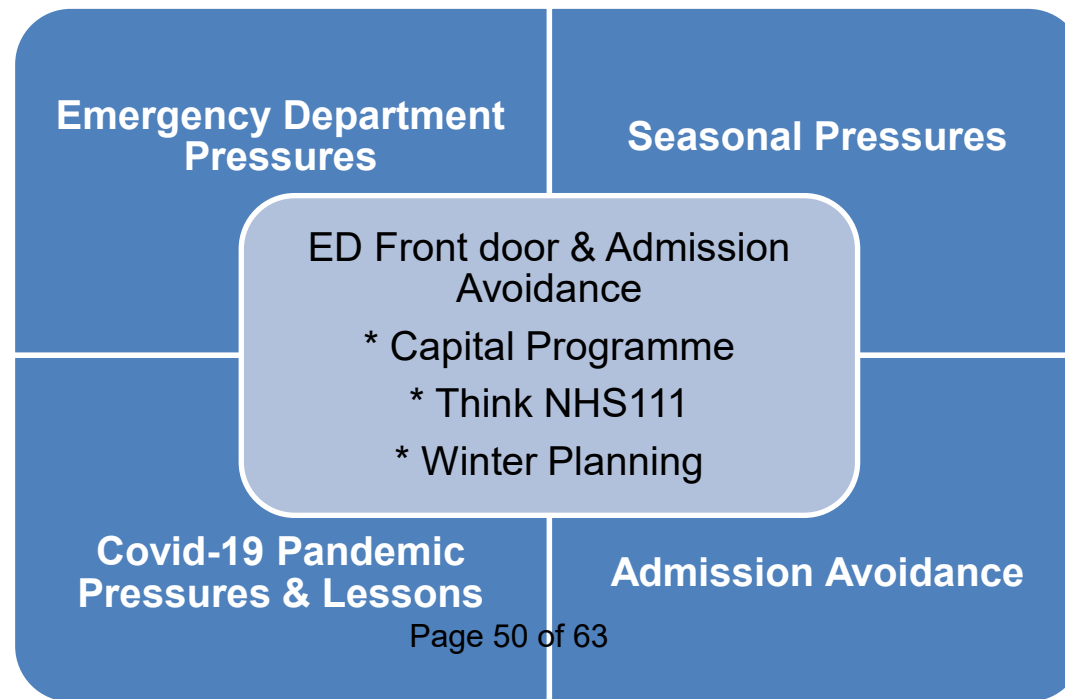
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# 1. MSE & System Programmes

There are 4 individual MSE & System collaborative programmes that interconnect to contribute to the delivery of:

- Attendance avoidance to the Emergency Department
- Emergency Department (ED) flow and admission avoidance
- Emergency department management and flow during winter pressures period and Covid wave



## 2. Preparation & Support for Winter / Covid Demand

### MSE

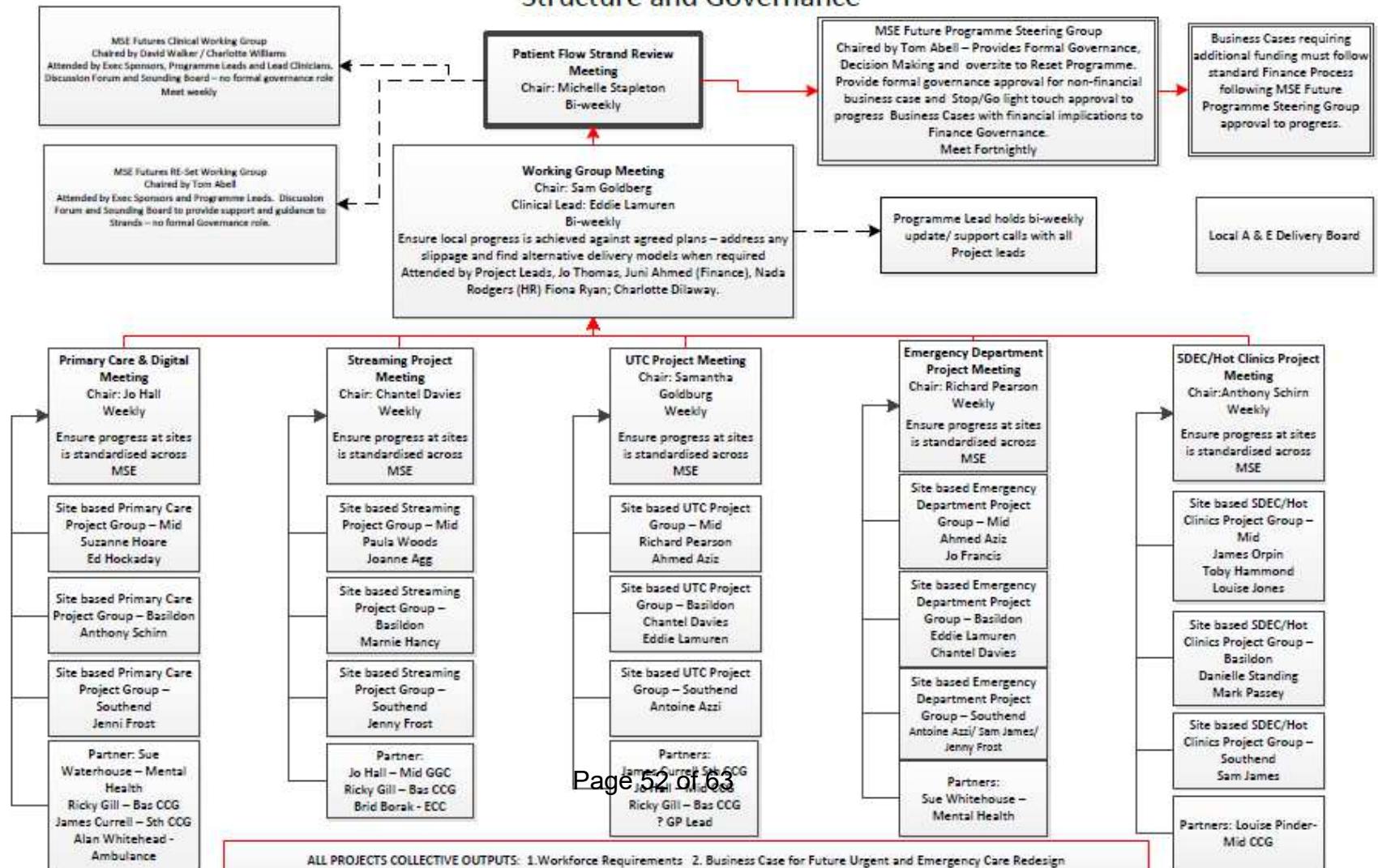
- New clinically led management structure
  - Phase one implemented from 9 November 2020
  - Phase two commenced 20 October 2020
- New Emergency Care Pathway Director role across MSE from 9 November
- Bed models and mitigation
- Standardised 4 x a day Hospital Site Capacity Meetings, 7 days a week
- Hospital Tactical Operational Centre at Billericay
- Flu vaccination champagne with peer vaccinators on all three sites

### System

- 1 x Hospital and system demand and capacity meetings, 7 days a week  
Escalation and mutual aid supportive meeting
- System Tactical Operational Centre at Wren House

# 3. Emergency Department Front Door & Admission Avoidance: Governance

## ED Front Door & Admission Avoidance Strand Structure and Governance



## 4. Emergency Department Front Door & Admission Avoidance: Workstreams

ED Front Door Admission Avoidance Programme led by MSE, working in collaboration with CCG and NHS111 partners across all workstream with a blend of operational and clinical professionals

### Primary Care & Digital Incorporating NHS111

- Deliver a consistent set of pathways and principles for patient flow from NHS111 and EEAST into the Emergency Department, Urgent Treatment Centres & Same Day Emergency Care settings
- Develop alternative pathways for patients with acute presentations but no physical health need
- Enable direct appointment booking from NHS111 to booked appointments into the Emergency Department

### Streaming

- Develop aligned MSE Emergency Department front door streaming model
- Effective streaming to alternative pathways Create new pathways for 'Heralded' and 'Unheralded' patients presenting at Emergency departments
- Enable effective on site re-direction of non acute patients to primary care services

Same Day  
Emergency  
Care (SDEC)  
& Hot Clinics

- Design standardised access pathways for Medicine & Surgery Same-Day Emergency Care Services in order to maximise admission avoidance.
- Develop direct access pathways for patients from NHS111
- Enable direct appointment booking from NHS111 to SDEC

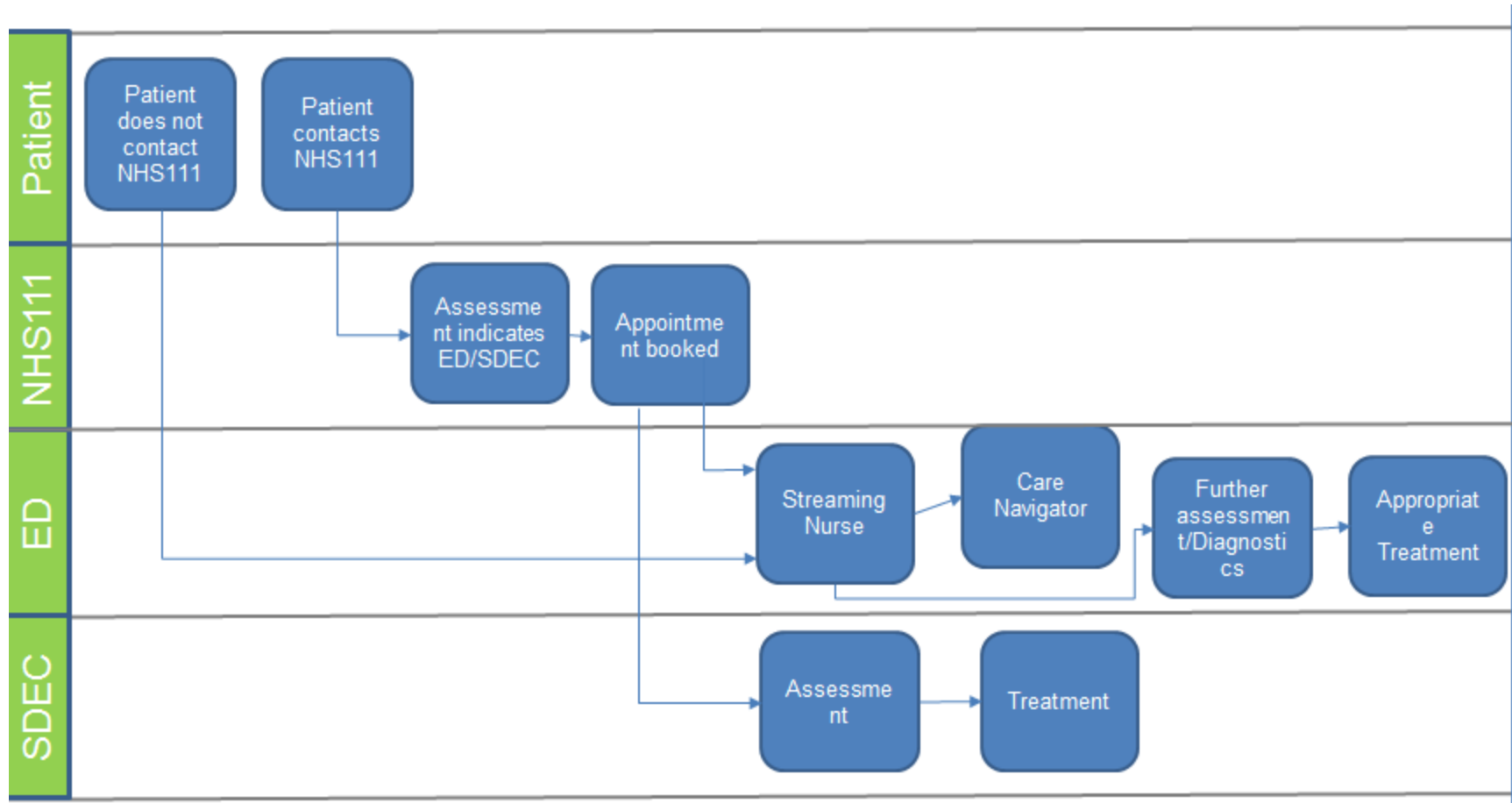
Urgent  
Treatment  
Centres  
(UTC)

- Implement an Urgent Treatment Centre that are ENP/GP-led
- Ability to book direct slots from NHS111 or GP referral
- Streaming patients from the Emergency Department to the Urgent Treatment Centre

Emergency  
Department  
(ED)

- Standardise the nursing staffing establishment and skill mix (using ECIST benchmarking tool), and Standardise the medical staffing model (with a particular focus on middle grades)
- Standardisation of Emergency Department clinical pathways
- Improvement and standardisation of Mental Health management and pathways in the Emergency Department
- Develop capital and implementation plan

## 5. Urgent Emergency Care Pathway



## 6. NHS111 Direct Bookable into Urgent Emergency Care

### Emergency Departments

- MSE will implement a phased roll out of the new pathways and Emergency Department Digital Integration (EDDI) system in preparation for Go Live on 1 December 2020
- This phased approach will enable testing prior to go live on both Medway and Lorenzo systems within the Trust
 

9 November 2020	–	Basildon
16 November 2020	–	Broomfield
23 November 2020	–	Southend
- Once we are live, the new streaming and SDEC pathways will also come into effect.

### Same Day Emergency Care (SDEC)

- The direct GP booking into SDEC pilot commenced at Basildon on 12 October.
- Evaluation of the pilot at the end of October 2020, to fine-tune the pathway.
- Roll out of pilot across Broomfield and Southend.
- Go live in conjunction with the NHS111 direct bookable slot scheme from 1 December 2020



## 7. Urgent Emergency Care Capital Programme

- £19.7m from the Department of Health and Social Care recently rewarded to Mid & South Essex NHS Foundation Trust.
- The funding has been awarded to specifically support and sustain urgent care over the winter period.

Hospital Site	Schemes
<b>Basildon</b> £1.5m	<ul style="list-style-type: none"> <li>• Creation of additional adult Emergency Department capacity</li> <li>• Creation of additional paediatric Emergency Department capacity</li> <li>• Resus department works to create a negative pressure room adjacent to ambulance entrance</li> </ul>
<b>Broomfield</b> £3.2m	<ul style="list-style-type: none"> <li>• Increase in capacity for ambulance handovers</li> <li>• Relocation of the Chemotherapy unit to release estate to support an increase in Emergency Department capacity, providing the opportunity to grow Chemotherapy capacity to support demand.</li> <li>• Creating Surgical Same Day Emergency Care facilities, incorporating a Surgical Assessment Treatment Unit and Minor ops suite</li> </ul>
<b>Southend Hospital</b> £15m: Over a 2 year period	<ul style="list-style-type: none"> <li>• Developed Emergency Department to increase overall capacity</li> <li>• Creation on an Urgent Treatment Centre</li> <li>• Creating Surgical Same Day Emergency Care facilities</li> </ul>

# Questions?

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<b>Report title:</b> Chairman's Report	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 4 November 2020	<b>For:</b> Discussion and identifying any follow-up scrutiny actions
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Sophie Campion, Democratic Services Officer ( <a href="mailto:sophie.campion2@essex.gov.uk">sophie.campion2@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

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

## 2. Action required

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

## 3. Background

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

## 4. Update and Next Steps

- 4.1. Due to the short amount of time between the September and October HOSC and owing to the fact there was no business that required discussion, the Chairman's Forum did not meet before publication of the agenda.

## 5. List of Appendices – none

<b>Report title:</b> Member Updates	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 4 November 2020	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Sophie Campion, Democratic Services Officer ( <a href="mailto:sophie.campion2@essex.gov.uk">sophie.campion2@essex.gov.uk</a> ))	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

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

## 2. Action required

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

## 3. Background

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

## 4. Update and Next Steps

Oral updates to be given.

## 5. List of Appendices – None

<b>Report title:</b> Work Programme	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 4 November 2020	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Sophie Campion, Democratic Services Officer ( <a href="mailto:sophie.campion2@essex.gov.uk">sophie.campion2@essex.gov.uk</a> ))	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

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

## 2. Action required

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

## 3. Background

### 3.1 Briefings and training

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

### 3.2 Formal committee activity

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

## 4. Update and Next Steps

See Appendix.

## 5. List of Appendices - Work Programme overleaf

**Health Overview Policy and Scrutiny Committee  
Work Programme – November 2020**

<b>Date</b>	<b>Topic</b>	<b>Theme/Focus</b>	<b>Approach and next steps</b>
November 2020	A&E pressures/ seasonal pressures/admissions avoidance – <i>further follow up</i>	Relationship between ambulance performance and hospital capacity pressures.	Follow up to previous sessions/review of winter performance. Now may also have post virus pandemic context.
December 2020	Mental Health Services	Committee to receive a further update on the mental health response to pandemic and future service planning for changes in demand.	EPUT, NELFT and CCG's have been invited to provide the committee with an update.

**Other issues for consideration**

<b>Date</b>	<b>Topic</b>	<b>Theme/Focus</b>	<b>Approach and next steps</b>
TBC	North East CCG – community beds	Further update on proposals impacting on Clacton and Harwich Hospitals.	TBC
TBC	Community providers – follow up	Previously looked at the broader role and contribution. to wider system. Agreed to review local performance.	May link with other items on work programme.
TBC	Sensory care pathways	Review accessibility to services and system working.	May link with other items on work programme.
TBC 2020	Autism services	Look at referral and diagnosis times and transitions between services. Now to also have post virus pandemic context.	TBC - currently on hold

TBC 2020	Primary Care – further follow up	Contribution to wider system and the STP plans. To review locality changes from finalised CCG plans and impact of NHS England Long Term Plan. Could include further consideration of urgent care provision, NHS 111 and out-of-hours arrangements. Now to also have post virus pandemic context.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. TBC – currently on hold.
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