



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 07 October 2021	Council Chamber County Hall, Chelmsford, CM1 1QH
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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	Minutes of previous meeting To note and approve the minutes of the meeting held on 2 September 2021.	6 - 10

3	Questions from the Public A period of 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before noon on Wednesday 6 October 2021.	
4	East of England Ambulance Service Trust - response to HOSC letter Committee to receive an update from the East of England Ambulance Service Trust, following the committee's letter sent in February 2021.	11 - 39
5	Covid-19 Update Committee to receive a verbal update on the current situation regarding Covid-19.	
6	Chairman's Report - October 2021 To note the latest update on the discussions at HOSC Chairman's Forum meetings (Chairman and Vice-Chairmen).	40 - 43
7	Member Updates To note any updates of the committee.	44 - 44
8	Work Programme - October 2021 To note the committee's current work programme.	45 - 47
9	Date of Next Meeting To note that the next meeting of the committee is scheduled to take place on Thursday 4 November 2021.	
10	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.

11 Urgent Exempt Business

To consider in private, any matter which in the opinion of the Chairman should be considered by reason or 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: 7 October 2021	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttr3@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 Thursday 2 September 2021 at 10:30am**

Present

Cllr Jeff Henry (Chairman)	Cllr Carlie Mayes (Maldon District Council)
Cllr David Carter (Harlow District Council)	Cllr Bob Massey
Cllr Paul Gadd	Cllr Jaymey McIvor
Cllr Ian Grundy (substitute)	Cllr Anthony McQuiggan
Cllr Dave Harris	Cllr Clive Souter
Cllr Luke Mackenzie	

Apologies

Cllr Martin Foley	Cllr Mike Steptoe
Cllr June Lumley	

The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Jasmine Carswell, Democratic Services Officer

1. Membership, apologies and declarations

Apologies were received from Cllr's Foley, Lumley and Steptoe.

Cllr Grundy substituted for Cllr Lumley.

2. Appointment of Vice-Chairmen

Having been moved by Cllr Souter and seconded by Cllr Massey it was **resolved** that Cllr Harris was appointed as Vice-Chairman.

Having been moved by Cllr Mackenzie and seconded by Cllr Massey it was **resolved** that Cllr Souter was appointed as Vice-Chairman.

3. Minutes of previous meeting

The minutes of the meeting held on Wednesday 13 January 2021 were approved by the committee as an accurate record.

4. Questions from the public

No questions from members of the public were received.

5. East Suffolk and North Essex NHS Foundation Trust – Maternity Services

The Chairman welcomed Nick Hulme, Chief Executive of East Suffolk and North Essex NHS Foundation Trust (ESNEFT) to the meeting, to provide an update on

how the Trust is progressing with implementing the recommendations put forward by the Care Quality Commission (CQC) in March/April 2021.

The Committee received the following update:

Nick Hulme, Chief Executive, ESNEFT covered the following key issues:

- Concerned by the challenge currently facing maternity services and welcome the CQC report
- Made the Committee aware that the reports talk about the possibility of harm to women or babies, not actual harm
- Have taken the approach to create Every Birth Every Day approach. A Member from ECC will be invited to join the board. Two meetings have been held so far. Next meeting will set SMART objectives
- Difficult period five years ago due to the number of regulators becoming involved in their own agenda, rather than focussing on what patients needed
- At the moment, there is no risk to women or children. Issues around governance and leadership which if left, create a clinical risk
- There have been changes in leadership – a new Director of Midwifery has been appointed
- Acknowledged the comments made by the Committee around layout of report submitted as part of the agenda, and did not feel it would have benefited the Committee to reproduce the CQC report, but noted the comments
- The Trust fully accepts the recommendations in the CQC report
- Difficulties experienced at Colchester Hospital were in part due to adhering to CQC comments instead of residents.

During the discussion, the following key points were noted:

- Committee felt the report from ESNEFT was defensive and needed to read the CQC reports to fully understand what the issues were that are being addressed. More detail could have been provided in the summary box
- The CQC ratings are as follows: Outstanding, Good, Requires Improvement, Inadequate
- Committee would like to understand the Trusts action plan
- Concerns around leadership are being addressed – an officer has been employed full-time to look at the culture of ESNEFT. Staff have accepted they have responsibility around the solution as well.
- £2.5m investment has been made in new staff, although solution is not just money, people need to want to come and work at the hospital
- ESNEFT needs to be an attractive place to attract people
- The size of ESNEFT helps attract people – can offer more flexibility
- It is encouraging that student midwives who completed their training with ESNEFT then stay on and work there afterwards
- It is important to offer a community setting for women who have risks
- Immediate process issues have been addressed already, longer term issues around culture are more difficult to measure

- Government have made 8000 midwifery positions available – takes approximately four years to complete training. ESNEFT will make sure they get their fair share of these positions.

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

- i) Details of plan relating to Every Birth Every Day will be shared with the Committee
- ii) Cllr Dave Harris was nominated by Cllr Bob Massey to sit on the Every Birth Every Day board
- iii) Open invitation for Committee to visit ESNEFT

6. Care Homes Closures research

The Chairman welcomed Kerry Allen, University of Birmingham to the meeting to introduce the research they are undertaking to explore what happens to older people and care staff when home close.

Kerry Allen covered the following key issues:

- ECC is case study site. The home chosen will be anonymised
- The research has received programme grant funding and is the first social care related programmed to be funded by this grant
- Focus will be on older people's care homes and the research will include:
 - 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?
- Currently waiting for a care home to close that will be used a case study. Interviews will be completed with the residents of the home, staff and families. The research team will look to situate themselves within the care home to talk to people in person, if possible
- Aim is to create practical outputs from the research, such as accessible guides for services and older people and their families.

During the discussion, the following key points were noted:

- Home closures are not always for financial reasons, sometimes they are quality related
- To consider whether the funding costs that come because of a closure outweigh the operational issues of the closure in the first place
- Research programme has a fixed timeframe of within two years
- A website will be created which will detail emerging findings
- Committee would be interested to know if the care homes being used in the research are run by the local authority
- Quality of resident's life review will be conducted before the move, during the move and a year after the move.

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

- i) Committee to receive regular updates on how the research is progressing

7. Establishment of JHOSC with London Borough of Waltham Forest and London Borough of Redbridge

Having been moved by Cllr Harris and seconded by Cllr Souter it was **resolved** that Cllr McIvor was appointed to the JHOSC as the Essex County Council representative to scrutinise the Whipps Cross Hospital development.

8. East of England Ambulance Service Trust – response to HOSC letter

The Committee noted the response from the East of England Ambulance Service Trust and invited them to a future meeting to present the report fully.

9. Work Programme

The Committee noted the current work programme, and suggested the following matters be added for future consideration:

- Covid-19 update
- Hospital waiting times – overview of all Essex hospitals
- A&E seasons pressures
- Winter Flu Rates
- Access to GP services
- Digitalisation of access to healthcare
- NHS 111 – the impact of GP's directing residents to the service.

10. Date of next meeting

To note that the next committee meeting is scheduled to take place on Thursday 7 October 2021 at 10:30am.

11. Urgent business

No urgent business received.

12. Urgent exempt business

No urgent exempt business received.

The meeting closed at 11:37am.

Chairman

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.buttr3@essex.gov.uk)	
Date: 7 October 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttr3@essex.gov.uk) or Jasmine Carswell, Democratic Services Officer (jasmine.carswell@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 under extreme pressure 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: EEAST – response to HOSC letter
- Appendix B: Covering Report - East of England Ambulance Service
- Appendix C: CQC Inspection Report – East of England Ambulance Service

**EEAST Report to
Essex Patient Experience Scrutiny Committee**



Essex

**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

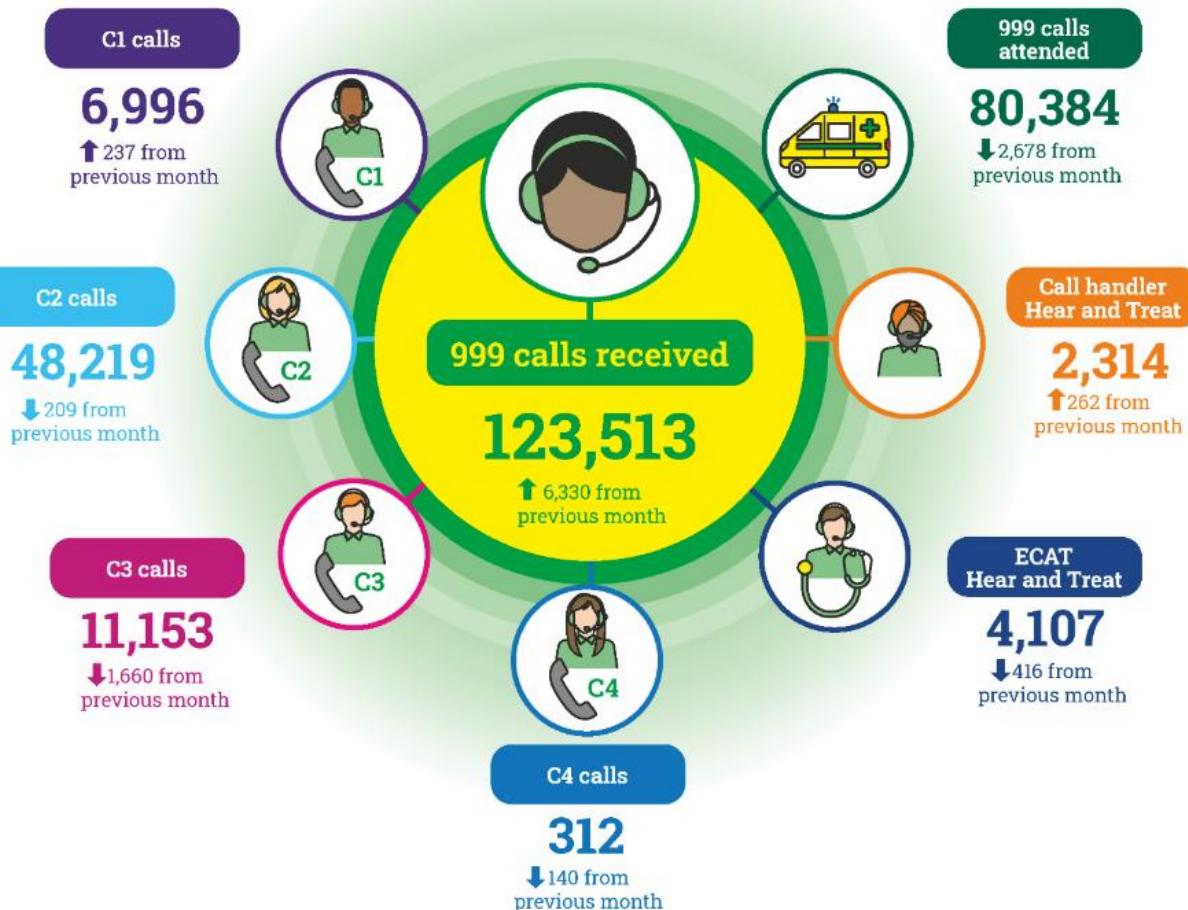
- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

3.0 Region-wide performance overview

Monthly Performance Dashboard

July 2021

Data for 1-30 June 2021

**KEY:**

999 calls received: Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.

C1 calls: Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.

C2 calls: Total number of calls classed as an emergency for a potentially serious condition.

C3 calls: Total number of calls classed as urgent where some patients may be treated in their own home.

C4 calls: Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist

999 calls attended: Total number of 999 calls that received a response from a clinician either by phone or face to face.

Call handler Hear and Treat: Total number of calls triaged by call handlers as not requiring an ambulance response.

ECAT Hear and Treat: Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

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	Trust	Standard	National Target	Apr 21	May 21	Jun 21
	C1 Mean	07:00	06:43	07:24	08:07		C1 Mean	07:00	06:49	07:29	08:07
	C1 90th	15:00	12:16	13:49	15:15		C1 90th	15:00	12:43	14:10	15:15
	C2 Mean	18:00	21:51	28:19	35:52		C2 Mean	18:00	19:57	25:24	31:52
	C2 90th	40:00	43:49	57:40	1:13:42		C2 90th	40:00	40:17	52:40	01:06:29
	C3 90th	02:00:00	02:50:35	04:36:28	06:01:09		C3 90th	02:00:00	02:13:36	03:37:40	04:37:20
	C4 90th	03:00:00	04:19:02	06:43:54	06:44:39		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 appropriate 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 outpatients 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.buttr3@essex.gov.uk)	
Date: 10 February 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttr3@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

East of England Ambulance Service NHS Trust

Inspection report

Unit 3, Whiting Way

Melbourn

Royston

Hertfordshire

SG8 6NA

Tel: 08456013733

www.eastamb.nhs.uk

Date of inspection visit: 25 to 26 June 2020

Date of publication: 30/09/2020

Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Summary of findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RYC/reports.

Background to the trust

East of England Ambulance Service NHS Trust (EEAST) covers the six counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

EEAST provides 24 hour, 365 days a year accident and emergency services to those in need of emergency medical treatment and transport. The trust has ambulance operation centres (AOC), where 999 calls are received, clinical advice is provided and emergency vehicles dispatched if needed. There is also a Hazardous Area Response Team (HART).

The trust also provides transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities and who cannot travel unaided because of their medical condition or frailty.

The area is made up of:

- Around six million people
- over 7,500 square miles
- Has a total of 19 Clinical Commissioning Groups (CCG)
- Seventeen acute NHS trusts are served by EEAST

In 2018/19 the trust:

- Received more than one million emergency calls
- Treated 64,157 people through the Emergency Clinical Advice and Triage Centre

The trust's resources and teams include:

- More than 4,000 staff and more than 1,500 volunteers
- Three ambulance operations centres (AOCs) in Bedford, Chelmsford and Norwich
- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (patient transport service and health care referral team (HCRT) vehicles)
- 46 hazardous area response team (HART) / major incident vehicles
- More than 130 sites

Summary of findings

Total income in 2018/19 was more than £281 million.

(Source: Trust website)

The trust serves an ethnically and geographically diverse population including rural, coastal and urban environments. There are areas of high deprivation in Essex, Bedfordshire and Norfolk.

We previously inspected EEAST under our current methodology and published the report in July 2019 and rated the trust as requires improvement overall.

We returned to inspect the trust in June 2020 response to escalating concerns of risk to patient and staff safety. We utilised a risk based approach and conducted a focused well-led inspection.

During this focused inspection, we spoke with members of the trust board and senior leadership team both face-to-face (where appropriate and observing social-distancing guidelines) and virtually. In order to receive feedback from staff at all levels we conducted an electronic staff survey which was sent to all staff employed by EEAST. We received 1,813 responses, which represented approximately 45% of the trust's overall workforce. The survey consisted of both quantitative and qualitative questions. We visited the trust headquarters on three separate occasions (25 and 26 June and 15 July 2020) to review records and documentation. We reviewed six employee relations case management records, nine safeguarding crib sheets and committee and board meeting minutes.

Overall summary

Our rating of this trust stayed the same since our last inspection.

What this trust does

East of England Ambulance Service NHS Trust (EEAST) provides emergency and urgent care and treatment across the East of England region. It also provides hear and treat and see and treat services.

In some areas the trust provides non urgent patient transport services, typically to and from hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we usually ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? For this focused inspection we looked at the well-led key question only.

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Summary of findings

We conducted this focused inspection of the well-led domain only between 25 June and 15 July 2020 in response to escalating concerns of risk to patient and staff safety. This was related to the perpetuated poor culture within the organisation and ineffective governance. Before this inspection, we received information from a variety of sources, including seven whistle-blowers in relation to culture (including senior leaders) and independent reports, related to safeguarding patients and staff from sexual abuse, inappropriate behaviours and harassment.

What we found

Overall trust

Our rating of the trust remains the same as the previous inspection because:

This was a focused inspection and we did not inspect any core services. We did not inspect all of the key lines of enquiry as our concerns were related to specific risks. This means that the previous ratings for our 2019 inspection remain.

Well-led rating remains as inadequate. The level of enforcement we undertook to ensure people's safety means that the rating for well-led would have been limited to inadequate had we been rating on this occasion.

On the basis of this inspection, the Chief Inspector of Hospitals has recommended that the trust be placed into special measures.

Are services safe?

We did not inspect this key question on this occasion.

Are services effective?

We did not inspect this key question on this occasion.

Are services caring?

We did not inspect this key question on this occasion.

Are services responsive?

We did not inspect this key question on this occasion.

Are services well-led?

The rating for well-led stayed the same. It remains as inadequate because:

We did not rate on this occasion so previous ratings remain.

There had been more significant changes in the executive leadership team since our previous inspection. There was a continued high level of churn at both executive and non-executive director level.

The style of executive leadership did not represent or demonstrate an open and empowering culture. Not all leaders had the skills, knowledge and experience that they needed to deliver high quality sustainable care.

The governance still did not support delivery of high-quality care. The trust did not have effective structures, processes and systems of accountability to support the delivery of good quality, sustainable services. The trust had been in repeated breach of regulation 17 (good governance) of the Health and Social Care Act 2008 since August 2016.

Leaders did not fully demonstrate that they understood the challenges to quality and sustainability that had triggered this focussed inspection. This meant that they did not always identify the actions needed to address them. Senior leaders showed a lack of awareness of some of the fundamental requirements to safeguard patients and staff from abuse.

Summary of findings

Leaders across the trust did not consistently promote a positive culture that supported and valued staff. Significant work was needed to promote an open and transparent environment where people felt that their concerns were listened to and acted upon.

There remained a mixed culture in the organisation and a lack of pace in the extensive organisational development work needed to improve the culture of the organisation. There were continued high levels of bullying, harassment and discrimination and the organisation had failed to take adequate action to reduce this. There was a failure by the executive team to identify and recognise the risk and impact to staff and patient safety from the poor culture throughout the organisation.

The trust did not have the systems and processes in place to take action to address behaviour that was inconsistent with the trust's vision and values.

There was not a strong enough emphasis on health and well-being of staff. Feedback we received from staff demonstrated that the trust was still not giving sufficient priority to mental health and well-being. Reports of cases we reviewed demonstrated that the trust had missed opportunities to support staff with mental health illness due to disjointed occupational health provision and poor staff welfare mechanisms.

The style of leadership amongst the executive directors did not represent or demonstrate an open and empowering culture. Some members of the executive leadership team adopted a combative and defensive approach when asked for assurances about the risks identified. When staff raised concerns, they were not always treated with respect.

Although leaders told us that they continued to work hard to be visible and approachable. The feedback we received from staff demonstrated that there was still a significant 'disconnect' between senior leaders and staff in other areas of the organisation.

The culture, policies and procedures in place did not provide adequate support for staff to raise concerns without fear of reprisal.

Fundamental issues with the quality of human resources (HR) function and process remained. There was inadequate oversight of HR function to ensure consistent application of process and appropriate use of sanctions.

Recruitment processes failed to ensure adequate safeguards to protect staff and patients.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

We only inspected trust-level leadership and were unable to give a rating on this occasion. The ratings on our website relate to previous inspections.

Areas for improvement

We found areas for improvement including twelve breaches of legal requirements that the trust must put right.

On the basis of this inspection, the Chief Inspector of Hospitals has recommended that the trust be placed into special measures.

For more information, see the Areas for improvement section of this report.

Summary of findings

Action we have taken

We issued an urgent notice of decision, under Section 31 of the Health and Social Care Act 2008, on the 29 July 2020, to impose conditions on the trust registration as a service provider in respect of the regulated activities: Treatment of disease, disorder or injury and Transport services, triage and medical advice provided remotely. The conditions set out specific actions to enable the improvement of safety within the service.

We undertook further enforcement and issued a warning notice, on the 28 August 2020, under Section 29A of the Health and Social Care Act 2008. This identified specific areas that the trust must improve and set a date for compliance as 28 November 2020.

The trust initiated immediate steps to improve this included setting up an improvement committee involving multiple stakeholders and a review of systems and policies.

For more information on action we have taken, see the sections on Areas for improvement

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Following our inspection and enforcement action, the trust were due to attend risk summit on 11 September 2020.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to the whole trust.”

- The trust must implement an effective system to identify and assess any potential safeguarding issues and the management of vulnerable children and adults. (Regulation 13)
- The trust must review any policy, which sets out the processes in place to deal with allegations made against staff. This review must ensure that policies incorporate risk assessments that describe the rationale for any decisions taken (including decisions not to suspend staff and any mitigating measures put in place) and sets out overall management of cases. (Regulation 17)
- The trust must implement an effective system to review the frequency of Disclosure and Barring Service (DBS) renewals of staff within the organisation to include those who have changed job roles or have been transferred from other services. (Regulation 13).
- The trust must implement an effective system to ensure all staff, including those transferred from other services, have full pre-employment checks completed including DBS, including any staff members who have outstanding DBS. (Regulation 19).
- The trust must implement an effective system to ensure the safety and effectiveness of subcontracted private ambulance services and their staff, including monitoring and supervision by the provider. (Regulation 17).

Summary of findings

- The trust must undertake a review of systems in place to protect staff and patients from inappropriate behaviours including sexual harassment and sexual assault. (Regulation 17).
- The trust must incorporate the findings of its review into inappropriate behaviours including sexual harassment and sexual assault into its systems to protect staff and patients. (Regulation 17).
- The trust must implement a system to ensure there are effective processes in place to manage concerns, grievances and disciplinaries. (Regulation 17).
- The trust must ensure there are oversight and governance arrangements in place for all action plans. (Regulation 17).
- The trust must ensure there are oversight and governance arrangements in place in relation to human resources processed for job matching evaluations and job descriptions. (Regulation 17).
- The trust must ensure that there are oversight and governance arrangements in place to ensure that complaints are appropriately investigated and identified as possible serious incidents. (Regulation 16).
- The trust must make significant improvements to address long-standing concerns with bullying and harassment within the organisation. (Regulation 17).

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Good Jul 2019	Inadequate Jul 2019	Requires improvement Jul 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019
	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Patient transport services	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Emergency operations centre (EOC)	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
Resilience	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2018
	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2018
Overall						

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Section 31 HSCA Urgent procedure for suspension, variation etc.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Our inspection team

Mark Heath , Head of Hospital Inspections (Interim) led this inspection. An executive reviewer and two specialist advisors supported our inspection of well-led for the trust overall.

The team included three further inspectors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 October 2021	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttr3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer (jasmine.carswell@essex.gov.uk)	
County Divisions affected: 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. The Forum met virtually on Wednesday 22 September 2021 to discuss two matters – confirming the agenda for the October HOSC meeting and to discuss the proposal to close Steeple Bumpstead branch surgery.

October agenda

The Forum confirmed that the two items being presented at the October HOSC meeting are:

- East of England Ambulance Service Trust - response to HOSC letter
- Covid-19 update

Steeple Bumpstead Engagement – NHS North East Essex CCG

The Forum were asked to consider a written briefing which provided background information about an engagement exercise that is starting, seeking views on a proposal to close the surgery at Steeple Bumpstead, which has not been in use for over a year.

Following discussion, the Forum **resolved** that the briefing paper would be circulated to the committee, with the NHS North East Essex CCG be invited to a future Chairman's Forum to discuss the initial findings of the consultation.

5. List of Appendices – none

HOSC BRIEFING

Unity Healthcare seek views on their proposal to close Steeple Bumpstead branch surgery

Unity Healthcare in Haverhill is running an engagement exercise seeking views on their proposal to close Steeple Bumpstead branch surgery.

Background

The Steeple Bumpstead Surgery became a branch of Unity Healthcare (previously known as Christmas Maltings and Clements) and part of Suffolk GP Federation CIC from 31 October 2019. The change happened because as a small, stand-alone surgery, it had become difficult to attract and retain staff. The surgery was in a very difficult situation with no permanent doctors or nurses at the site.

WECCG and WSCCG looked at the options at the time and felt it was in the best interests of both Steeple Bumpstead and Unity Healthcare patients for Suffolk GP Federation CIC to step-in and provide as orderly a transition as possible. Without such a move, Steeple Bumpstead patients may have been dispersed with less time for neighbouring practices to plan and adapt.

The aim was to extend Suffolk services to the people in the practice area to help minimise disruption and build a sustainable practice for the future. The patients registered with Steeple Bumpstead Surgery have since had access to a full range of general medical services provided by Unity Healthcare at the Clements Surgery, four miles away. Parking facilities are available and public transport includes a bus service and Connecting Communities Rural Transport.

Reason for Unity's proposal to close Steeple Bumpstead branch surgery

Due to the COVID 19 pandemic, the Steeple Bumpstead Surgery building has not been utilised since early 2020. Patients are being supported remotely with consultations at Clements Surgery in Haverhill if they need to be seen face to face, where social distancing and infection control measures are in place to ensure they can be seen safely.

The Steeple Bumpstead building is small and limited in the provision it can offer, and it is felt that patients who were originally registered at the surgery now have access to better quality healthcare at the main Clements Surgery site, approximately four miles away.

The Clements Surgery has historically relied on a 'first come, first served' appointment system which has diverted resources away from patients with potentially concerning symptoms, to patients with minor illness or non-medical concerns that can be self-managed with support by more appropriate health and care professionals.

By introducing triage that embraces innovations and technology, and a 'demand led' rather than 'capacity led' approach towards service delivery, the practice has been able to ensure that everyone is able to access the healthcare that they need in a timely fashion. Most contacts with the surgery are dealt with on the same day, and if not, by the end of the next working day.

Part of this has involved centralising services at the Clements Surgery and working together in a 'hub' based environment. This allows clinicians to share best practice, to share ideas about patients with more challenging problems, and to be able to allocate the time needed to patients with more complex needs.

The Clements Surgery has better facilities, and a range of staff on hand to help. The Steeple Bumpstead Surgery building does not offer facilities that are adequate for 21st century healthcare, and staff working there would be isolated and unsupported. This innovative approach towards service delivery has helped to turn around both Clements and Steeple Bumpstead surgeries, from surgeries that could not maintain a workforce of regular staff and were failing on almost every regulatory indicator, into a thriving practice that is regularly recruiting to expand the clinical team and is now involved in training and education to secure services for the future.

Engagement exercise

Unity would like to gather the views of their patients and the local community about their proposal to permanently close the Steeple Bumpstead branch surgery and to continue providing a full range of quality healthcare services for all patients from the Clements site.

The engagement exercise will run between August 23 and October 11 and seek views on any possible impact this would have on patients transferred to Unity Healthcare from the Steeple Bumpstead Surgery and other patients in Unity Healthcare's catchment area.

- Two online events will provide an opportunity for people to hear more information and the background to the proposal, and to ask questions: Monday September 6 from 6.30pm to 7.30pm and on Thursday September 9 from 10.30am to 11.30am.
- Engagement information, Q&As, links to join the two online events and an online survey are available on the Unity Healthcare website:
www.unityhealthhaverhill.org.uk
- A limited number of printed information sheets (including Q&As) and surveys are available at the Clements Surgery reception for anyone without internet access.
- Feedback can also be sent in writing to Unity's Service Manager or shared with Healthwatch Suffolk and Healthwatch Essex.
- The practice is in communication with the local press and stakeholders including WECCG, WSCCG, MPs, local councils, LMC (Suffolk and Essex), Haverhill Family Practice and health providers.
- Request for information to be disseminated has been sent to local NHS organisations, councils, and libraries.
- Feedback will be logged and monitored throughout the engagement period.
- All feedback received during the engagement exercise will be considered by Unity Healthcare prior to a final decision being made on the proposal.

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 October 2021	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttr3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer (jasmine.carswell@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – None

Health Overview Policy and Scrutiny Committee
Work Programme – October 2021

Date	Topic	Theme/Focus	Approach and next steps
October 2021			
October 2021	East of England Ambulance Service Trust – response to HOSC letter	Committee to receive response from the Trust on how the recommendations from the CQC are being implemented, after they were placed into special measures.	
October 2021	Covid-19 general update	Committee to receive a general update on the current Covid-19 situation, as the committee have not received a briefing since October 2020.	
November 2021			
November 2021	Local Dementia Services in North East Essex	Committee to receive briefing on re-design of the local dementia services in North East Essex, specifically the Bernard Ward at Clacton Hospital estates review and the associated re-allocation of resource into community services and setting up the Dementia Intensive Support Team. Delayed from July 2021.	
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: <ul style="list-style-type: none">▪ 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	NHS Vaccination Programme	Committee to receive an initial report on the NHS vaccination	

		programme. Further scoping required.	
TBC	New NHS Hubs	Further scoping required.	
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review	Further scoping required.	
TBC	Hospital waiting times – overview of all Essex hospitals	Further scoping required.	
TBC	Winter Flu Rates	Further scoping required.	
TBC	GP provision	Further scoping required.	
TBC	Digitalisation of access to health	Further scoping required.	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required.	