EPPING FOREST DISTRICT COUNCIL
OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview & Scrutiny Committee	**Date:**	Tuesday, 7 December 2021
Place:	Council Chamber - Civic Offices	**Time:**	7.00 - 8.50 pm
Members Present:	Councillors M Sartin (Chairman), R Jennings (Vice-Chairman), R Bassett, P Bhanot, P Bolton, S Heather, J Lea, A Lion, T Matthews, S Murray, S Rackham, D Stocker, J H Whitehouse, K Williamson and D Wixley		
Other Councillors Present:	Councillors N Bedford, L Burrows, S Kane, C Whitbread and H Whitbread		
Other Councillors virtually:	Councillors C McCredie, A Patel, J Philip and D Sunger,		
Apologies:	Councillors R Baldwin, I Hadley, D Plummer and P Stalker		
Officers Present:	G Blakemore (Chief Executive), N Dawe (Chief Operating Officer), A Small (Strategic Director Corporate and 151 Officer), V Messenger (Democratic Services Officer) and S Mitchell (PR Website Editor)		
Officers Present virtually:	A Hendry (Democratic Services Officer) and G Woodhall (Team Manager - Democratic & Electoral Services)		
By invitation virtually:	Princess Alexandra Hospital Trust – L McCarthy, S Lawton, M Meredith and J Hogan		

---

63. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

64. SUBSTITUTE MEMBERS

The Committee noted that Councillor R Bassett had been appointed as a substitute for Councillor I Hadley and Councillor D Stocker had been appointed as a substitute for Councillor P Stalker.

65. MINUTES

RESOLVED:

That the minutes of the meeting held on 18 November 2021 be taken as read and signed by the Chairman as a correct record.

66. DECLARATIONS OF INTEREST

(a) Pursuant to the Council's Members' Code of Conduct, Councillor R Bassett declared a non-pecuniary interest in the item on Princess Alexandra Hospital by virtue of being Chairman of the Trustees of the Epping Forest Community Transport.

67. PUBLIC QUESTIONS & REQUESTS TO ADDRESS THE OVERVIEW AND SCRUTINY COMMITTEE

The Committee noted that no public questions or requests to address the meeting had been received.

68. PRINCESS ALEXANDRA HOSPITAL - PROGRESS ON DEVELOPMENT OF THE NEW HOSPITAL AND CQC REPORT

The Chairman introduced the Senior Executive team from Princess Alexandra Hospital Trust (PAHT) – Lance McCarthy (Chief Executive), Stephanie Lawton (Chief Operating Officer), Michael Meredith (Director of Strategy) and Jill Hogan (Communications (New Hospital)). The Committee received a joint presentation from L McCarthy, who covered the Care Quality Commission (CQC) report published on 17 November 2021, and M Meredith, who updated members about progress on the new hospital to be located in Sheering near the new M11 junction (7a) being constructed.

M Meredith recounted the huge amount of work that had been achieved over the last year and that the new hospital was one of eight, national 'pathfinder projects' in the Government's new hospital programme. Extensive engagement had been carried out with staff, patient groups, stakeholders and through workshops. The Design brief was completed. PAHT had high ambitions on the strategies produced on net zero carbon, communications and engagement, procurement, facilities management, digital, and modern methods of construction. It was in the final stages of completing the land purchase so that planning and works preparation could be progressed. Further engagement on its website would be undertaken with the public and community groups on the final designs as well as briefing councillors in the district and finalising the transport strategy.

(a) Progress on the new hospital development

A broad range of questions were received from the Committee, which M Meredith principally answered.

In terms of the hospital hierarchy, how far reaching were consultations with the workforce? When design of the core layout and fixture and fitting stages were reached, the clinical staff, chefs, porters and domestic staff would be consulted including the East of England ambulance service for their input. Providing the development went according to plan, there would be a new ambulance hub at the Sheering hospital site. Particular attention had also been given to the blue light entrance and exit from the hospital. Views on the innovative design were all-encompassing with feedback from GPs, local health officials and from across the world.

Would the same number of beds be kept or increased? Regarding acute bed numbers, 10% additional beds were being planned, based on detailed modelling, with assessment beds planned to increase from 27 to 76 and acute beds from around 420 to 470. An additional 20% of space was being planned that could be added later without impacting on the usual functioning of the new hospital, which was known as clinical adjacencies, and allowed for flexibility. There was obviously a fine balance to find on the business case to enable PAHT to get the funding it wanted. Key to this was that the clinical model was right and that there was a flow through the hospital, so beds were not being occupied by people who should not be in hospital.

Would there be staff accommodation on site? There would not be staff accommodation on the new site but as there was a housing development to the south of the site, and PAHT was trying to ensure adequate affordable housing would be available. There would be accommodation on site for doctors and medical staff working overnight, but this was owned by a housing association.

Going forward less parking was preferable, but some patients would need to be able to park on the new site, so what parking provision would be available? This was a key but serious issue as a lot of complaints from the public and staff were currently around parking. PAHT was working closely with this Council to ensure a balance and to meet the expectation that 60% of trips should be by sustainable travel. Generally, 5% of traffic during the day was by people travelling to outpatients' appointments. Some 1,250 spaces were planned on the new site, more than on the existing site. A detailed travel plan was under development to promote sustainable travel and help reduce parking. There would be flat level parking available and multi-storey car parking, thus giving future flexibility. PAHT expected to see a demand for diagnostic services of 30% over the next ten years. It was trying to get a balance to help reduce road numbers by developing a travel plan and design a transport hub on site to be carbon neutral by 2040. A range of different ways to reduce the demand of people having to travel to the hospital were being explored but there would still be the need for quick access to certain services.

It was noted that there was the need for proper sustainable travel as the new hospital would be further away from Waltham Abbey and many older people did not drive yet there were no late-night bus services and journeys by taxi were costly.

Councillor R Bassett declared an interest as he was the Chairman of the Trustees for Community Transport for Harlow and Epping Forest and continued that sustainable transport linked in with DRT (demand responsive travel) schemes, especially for longer journeys. He could assist PAHT with information on DRT services, if this would help.

Was the Herts/Essex rapid transport system going to be linked in? No direct liaison had taken place.

Was the new hospital being designed with a budget in mind or did you design the best case and then see if you could get the budget to build it all? Would the hospital be totally built or in phases? PAHT had started with a design for what was needed but there were tight design constraints and it had taken every opportunity to reduce costs without impacting on quality. Building off site was weighed up against local service provision opportunities and PAHT had benchmarked itself against eight other hospitals. Building standards for hospitals meant they were costly to build, and all the clinical areas were assessed to ensure the best value for money was being obtained. The hospital would be built in a single phase and all sections would be moved across to the new site over the course of a week. It would take almost four years to build the new hospital, but a phased approach could take up to nine years to build.

The Council was trying to regenerate high streets, so by relocating some medical diagnostic services to these locations could this improve services and reduce travelling? PAHT was looking at its community diagnostic hub, where would it go and how would it work. Ophthalmology services had a footfall of some 10,000 a year, so this had to be balanced against access to town centre sites. Renal services (run by a separate organisation) were currently being looked at to see if they could be based more in the community. Solutions had not been found yet, but this was being researched.

A garden to grow produce on the roof of the new hospital had been mentioned in a previous presentation, which was an interesting innovation and the produce could be used in the hospital, so was this still going ahead? Yes, it was still being planned for the green field site pending funding. After approaching the Boston Medical Centre in Massachusetts, USA, which had a produce garden, advice had been provided on an innovative design.

Would integrated care systems (ICS) and the population increases expected, for instance in relation to the Council's Local Plan, impact on the community-based model that could prevent it from working efficiently? Would there be additional Government support, and would community projects help in reducing the flow of patients into the new hospital? PAHT was working closely with their community partners (GPs, mental health providers, community services and EPUT) to develop a model for community care, which would be a real challenge. All PAHT's assumptions were aligned with the ICS and West Herts, Watford. The financial assumptions being developed in its Medium-Term Financial Plan, would allow for 50% of growth to be funded in the community setting. There would not be additional funding to invest in community services as this all had to be done within the existing finance envelope. There would be more funding as the population grew, with 50% invested in community services. L McCarthy added that there would be pockets of additional capital available that PAHT would try to obtain, as the population numbers increased.

Would there be scope for a helipad at the new hospital site for emergencies? There were no plans for this but PAHT had consulted with the Health and Safety Executive and the emergency services but there was no requirement for a helipad, as it would not be a major trauma centre. However, it would be close to the [North Weald] Airfield and [Stansted] Airport.

Councillor N Bedford commented that he was on the Harlow and Gilston Garden Town (HGGT) Board and was therefore aware of the transport corridor issues and advised it was key that PAHT liaise with HGGT to work with transport hubs over staff shift patterns to take the pressure off staff parking at the new site. The councillor was aware there might be some services remaining on the old site, so could it be renamed the Prince Philip Memorial Hospital to avoid confusion on where a hospital appointment was being held? The current plan was to retain the existing name.

(b) Care Quality Commission report on Princess Alexandra Hospital

This report had been published on 17 November 2021. L McCarthy stated that the CQC inspection had been carried out in July and August 2021 and was based around five domains – were services safe, effective, caring, responsive and well-led. The impact of Covid had been significant on everyone. There had been a 19% increase in demand for care on the emergency services between April 2020 and now, so there was enormous pressure on staff to care for patients and use of PPE equipment to keep people safe. There was a separate emergency department for Covid patients to reduce infections, so having two emergency footprints was an additional strain on services. There were 18 must do's and 11 should do's, but otherwise remained good on most services. The actions the PAHT must do were outlined in the presentation, which was to be attached to these minutes for information, and covered – themes of good practice, consistent themes for improvement, actions taken and work underway, and the next 12 months.

S Lawton addressed the Committee and responded to questions the PAH Senior Executive team had been informed of before the meeting.

There were no surprises in the CQC inspection, and they had worked closely with the CQC inspectors. At the beginning of 2021 its 10-year strategy, PAHT 2030, had been launched along with the development of a quality programme management office. There had been significant pressure on colleagues in the Emergency Department (ED) from Covid. An external consultant had been commissioned to help design clear workstreams and good executive oversight meant that improvements had been seen with various systems now in place, to support the governance framework, workstream development and staffing. The urgent treatment centre had been expanded for its outpatients to be seen. The ED nerve centre business case had helped to coordinate its systems. For the paediatric and mental health services, there was a dedicated room to help younger mental health patients. Divisional management structures had been reviewed and restructured, which was a substantial amount of work, and the new operational structures had gone live on 1 December 2021. Over the next 12 months there would be continued development of the 10-year strategy, the new hospital, the recovery services, support of patients on waiting lists, and reviewing the impact of Covid on PAH services and on the wellbeing of its workforce. Nurse recruitment had been really good and there were no consultant gaps in the Emergency team, so by March 2022 less than 2% vacancy rate in nursing would have been achieved.

Members asked a range of questions, which L McCarthy mainly answered.

Was there something that could be done about the high turnover in leadership highlighted in the CGC report? There had been a high turnover, but the Executive team had been in place for a year now since a new Finance Director had joined. Also, the Chief Information Officer was a new role that had been incorporated. The recent turnover in Board members was because the Chairman and non-executive directors had 3-year terms. Within the last year, associate non-executive directors had been appointed, who knew the local population and had links to key community groups. PAHT had undertaken a divisional restructure to enhance the senior clinical leadership, which had new staff there.

Was there a risk the new vision, values and strategy could be delayed by the new wave of Covid variant and were steps being taken to deal with the lack of understanding of its vision, values and strategy? This needed to be updated regularly. PAHT had responded to community care and services going forward. The strategy was launched in April 2020 but as the first lockdown happened it had been put on hold until September 2021. The strategy was updated to incorporate the new ICS and community models of care, and how the hospital would work in future, thus the engagement with colleagues was restarted.

As staff were not clear on their roles and responsibilities, was this clarified when they were employed? There would be new values and behaviours, which would go right through the organisation.

Did PAHT carry out mock inspections in relation to safeguards? Yes, these were done on a regular basis and non-executives undertook walkabouts, but external third-party walkabouts had been reduced since Covid.

With concerns about exhaustion and lack of breaks for staff in the hospital, if the CQC visited tomorrow, would there be a difference? S Lawton replied that improvements would be seen with committed teams, a 5-key workstream and Governance structure, expansion of the urgent improvement section and a new maternity ward. Good oversight on where the risks were, and a committed workforce. Throughout Covid there were many things in place to mitigate risk. Mental health

champions had increased. A new staff lounge had opened to provide food and refreshments to staff and a training centre.

What was the future of Herts and Essex and St Margaret's hospitals and Rectory Lane Clinic? M Meredith replied that healthcare would be provided on those sites and PAHT was working with its commissioners on all the sites going forward. St Margaret's Hospital would provide outpatients' appointments and have community beds on site.

As Chairman of the Health and Wellbeing Board, Councillor A Patel thanked the PAHT for serving the community during Covid. What was the percentage of agency staff? Currently it had a 6% vacancy rate, so agency staff were used, but there had been a 23% vacancy rate four years ago at the hospital. Nursing posts had been expanded for Covid and non-Covid staff. The CQC had not raised anything that PAHT was not actioning itself, but it was not providing the care it would like to.

Councillor M Sartin, Chairman, remarked that after all the work carried out by staff, the CQC report must have been disappointing and for staff morale, but how had the Executive team raised the morale level of staff? Thank you for your support for PAH staff and yes it had impacted on staff morale, but all colleagues were dedicated to the care of patients. The Executive team would continue to implement all changes, plus the immediate and long-term actions in the strategy. There had been a huge morale boost with the IT solutions and additional solutions would help improve the impact. The new rest area for staff and new hospital were giving staff a positive morale boost. The new training and education centre would be opening in the new year, so there were lots of ways to improve morale.

Councillor M Sartin thanked the PAHT Senior Executive team for giving up their time to attend the Overview and Scrutiny Committee meeting and answering the many questions members had raised on the new hospital development and the CQC report. As members' questions covered a whole range of issues, it was timely that they had had this opportunity to receive answers directly.

RESOLVED:

(1) That the Committee had undertaken appropriate external scrutiny of the development of a new hospital in Sheering by the Princess Alexandra Hospital Trust and the recent CQC report; and

(2) That the PAHT presentation be attached to the minutes, for information.

69. PROPOSED EPPING FOREST DISTRICT MARKET POLICY

The Chairman advised members that this item had been withdrawn from the agenda by officers prior to the meeting because a legal opinion was being sought regarding market authority status for Charter towns, which included Epping, Ongar and Waltham Abbey.

70. EXCLUSION OF PUBLIC AND PRESS

The Committee noted that there was no business which necessitated the exclusion of the public and press from the meeting.

CHAIRMAN

Lance McCarthy
Chief executive

Stephanie Lawton
Chief Operating Officer

Overview

- The Care Quality Commission (CQC) carried out their inspection in July and August
- **Urgent and emergency care**, **medical care**, **maternity**, and how **well-led** our trust is overall
- Results published – our overall trust rating remains as **requires improvement**
- **Proud of all the staff who continue to hard work with absolute commitment to patient care and safety**

Our rating – summary November 2021

The Princess Alexandra Hospital NHS Trust

Ratings	
Overall trust quality rating	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Good**
Are services responsive?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our ratings - detail

The Princess Alexandra Hospital NHS Trust

Rating for The Princess Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ➔➔ Nov 2021	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021
Services for children & young people	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Critical care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Outpatients and diagnostic imaging	Good Oct 2016	Not rated	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Surgery	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Urgent and emergency services	Inadequate ➔➔ Nov 2021	Good Mar 2020	Good Mar 2020	Requires Improvement ➔➔ Nov 2021	Inadequate ➔➔ Nov 2021	Inadequate ➔➔ Nov 2021
Maternity	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021	Good Jul 2019	Good Jul 2019	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021
Overall	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021	Good ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021	Requires Improvement ➔➔ Nov 2021

No change to any of the ratings across the core services inspected.

18 x Must Do's

11 x Should Do's

Themes of good practice

- Patient panel – only model of its kind

Across all areas inspected:

- Commitment of staff
- Continuous learning and improving services
- COVID management
- Use of PPE
- Clinical waste disposal
- Establishment reviews
- Management of patient safety incidents
- Review of deaths

Consistent themes for improvement

Across all areas inspected:

- Compliance with mandatory training (general); doctors particularly)
- Compliance with safeguarding training
- Timely completion of clinical risk assessments
- Actions taken as a result of the assessments
- Patient information
- Consistent and high quality clinical documentation

Actions Taken & Work Underway

The Princess Alexandra Hospital NHS Trust

- PAHT2030
- CQC Must & Should Do's - Quality PMO Structure
- Emergency Department – executive oversight and support, ICS oversight, improvement plan in place with clear milestones, external support commissioned to support governance framework and workstream development, staffing, UTC expansion, system working
- ED Nerve Centre Business Case
- Paediatric services
- Mental Health Quality Forum and system working
- Divisional Management Structures – strengthened and expanded clinical leadership roles, patient safety and governance, nursing and operational (Go live 1/12/21)

The next 12 months

The Princess Alexandra Hospital NHS Trust

- Progression with PAHT 2030
- New Hospital Development plans OBC/FBC
- Recovery of elective services
- CQC actions Must and Should Dos
- Response to further waves of COVID impacting on ability to recovery and maintain services
- Health and Well Being of Staff
- Engagement and Culture

The New Princess Alexandra Hospital

Building a hospital for the future. Together.

Michael Meredith
Director of strategy and estates

Epping Forest District Council
Overview and Scrutiny Committee
7 December 2021

#OurNewPAH
#OurNHSBuildings

A recap of a busy year…

- we've come a long way in 12 months
- last September we were concluding our **design brief** following months of detailed engagement
- since then an enormous amount of work has hospital has continued at pace, despite the pressures of Covid-19
- today, everything's in place and we're waiting for the green light to build **our hospital for the future**

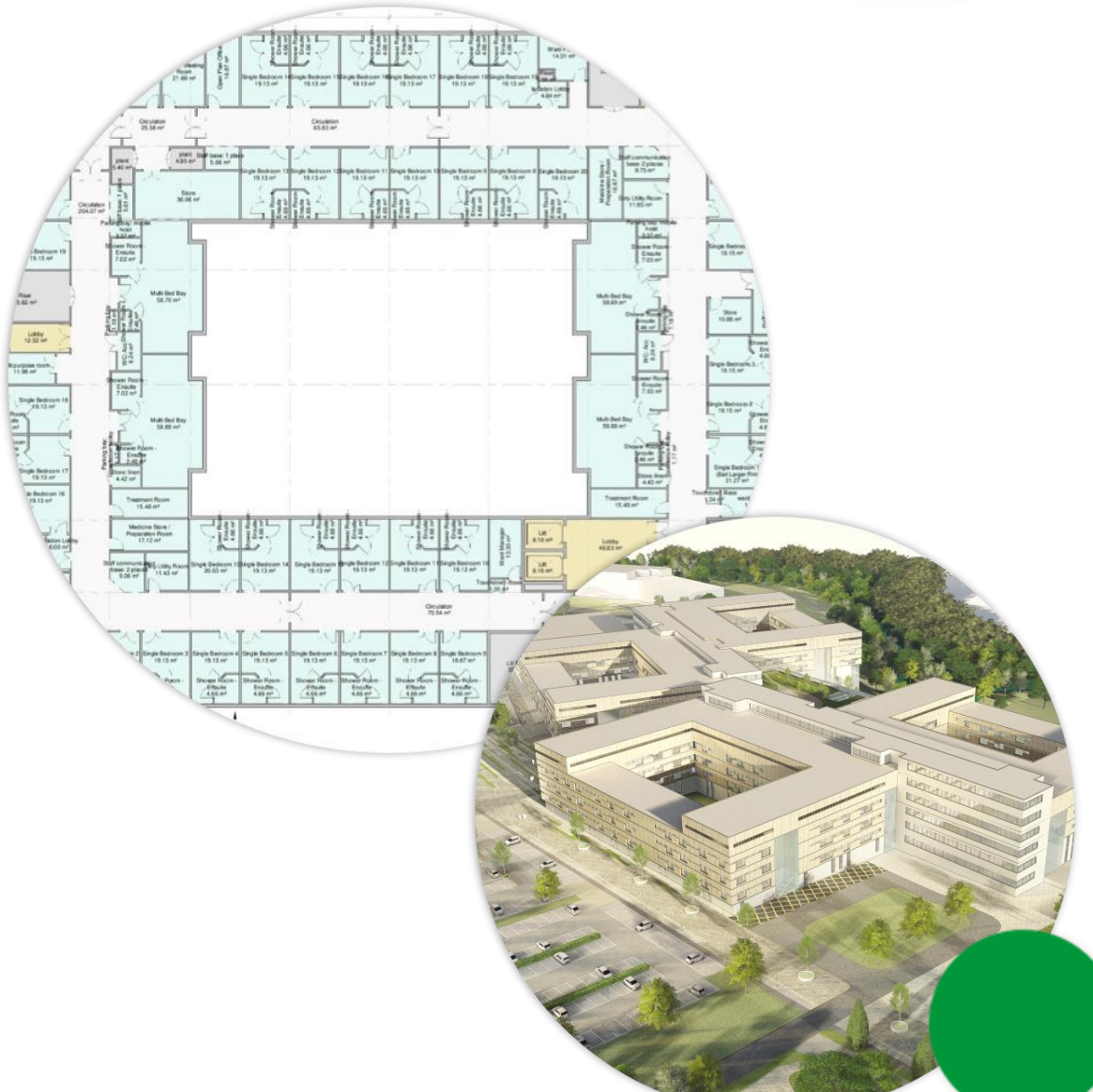
The *New* Princess Alexandra Hospital

We achieved a huge amount

The New Princess Alexandra Hospital

So far, we have produced:

- the **design brief**
- **demand and capacity** analysis
- new **models of care**
- **schedules of accommodation**
- **1:200** drawings
- **procurement** strategy
- **facilities management** strategy
- **digital** strategy
- **modern methods of construction** strategy
- **net zero carbon** strategy
- **communications and engagement** strategy



We've engaged our communities

The New Princess Alexandra Hospital

Clinicians and system partners fully engaged

Design brief completed

70+ meetings reaching a total of **500 stakeholders** to develop engagement strategy

Engagement with 100s of staff and wide range of patient groups

Over **130 hours** of design workshops with over **350 of our people**

125,500 views on social and web, > **500** responses to events, polls and surveys, **95% excellent rating** for town hall event

#OurNewPAH

We’ve got everything in place

The New Princess Alexandra Hospital

- **Clinical model** agreed with system partners
- **New ways of working** already underway
- **1:200s signed off** by our clinicians
- **PPA agreed** with local authority
- **OBC 60%** drafted
- **PAHT 2030 now launched,** new hospital critical in delivering transformation

We’re ready to go…

The New Princess Alexandra Hospital

- waiting on national **Design Convergence Review** guidance in next coming weeks
- in the final stages of completing the **land purchase**
- **finalising OBC** in 2022
- progressing **enabling works and planning** preparation

In the meantime we’re continuing to advise and support the national team. As one of **8 ‘pathfinders’** we are a high profile, important scheme and are on track to complete in 2027