

Report title: Mid and South Essex NHS Foundation Trust update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mid and South Essex NHS Foundation Trust	
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County Divisions affected: Not applicable	

1. Introduction

- 1.1 We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.
- 1.2 In this report to the Committee, we are presenting an update on our strategies for winter, planned improvements and operational data

2. Action required

- 2.1 We hope this paper provides the Committee with an update on these areas and the Trust welcomes any feedback on this update.

3. Winter preparations

- 3.1 The Trust is going into another winter where we expect there to be significant pressure, both from respiratory viruses impacting on our population health and that of our own staff, and with continued industrial action showing no signs of a resolution.
- 3.2 The Trust has made plans to cope with extra demand, we have already seen this demand increase in August and expect this to continue but we have following arrangements in place.
- 3.3 Hospitals will aim to operate with no escalation beds in use using the current general and acute bed base to deliver winter activity.
- 3.4 In order to achieve this, the operational targets agreed in the Urgent and Emergency Care Improvement Plan will be delivered principally; 80% for the four-hour A&E target, 90% of ambulances offloading in 30 minutes, and an average length of stay of 7.06 days or less.
- 3.5 A maximum of medically fit delayed patients of no more than 120 across the Trust
- 3.6 The expected 70 bed increase in winter beds seasonality will be offset by improved use of:
 - Pathway 2 – a 24-hour assess, treat-and-discharge pathway
 - Outpatient therapy
 - Hospital at Home
 - Bridging
 - Virtual Wards

- Community bed capacity

3.7 Winter Preparations – Community-based care

- As part of the NHS's winter preparations, senior clinicians and partners across the health and care system have been developing plans to make the best use of healthcare facilities and resources this winter
- Mid and South Essex Integrated Care Board (ICB) have plans to manage the increased demand for care to ensure that residents benefit from the best possible treatment in high quality facilities and enable people to be discharged from acute care following a stroke or need for step down/intermediate care
- Increasing and reconfiguring inpatient rehabilitation community beds - Inpatient community beds are used to support people who are not yet well enough to go home and to care for people who need additional rehabilitation, including those who need support following a stroke
- These services need to meet the changing needs of our residents and ensure they receive the right support at the right time and in the safest place for them
- The changes will see an overall increase in the number of beds used for stroke rehabilitation meaning hospital beds will be freed up for patients who need urgent care
- ICB plans will see inpatient community services for stroke rehabilitation, intermediate care, and midwifery-led births at St Peter's Hospital in Maldon change, it is proposed on a temporary basis for this winter to move the stroke rehabilitation beds to Brentwood Community Hospital. Sustaining a safe and high-quality service is no longer possible at St Peter's due to the condition of the building. It has deteriorated in recent years and is no longer the best place to deliver inpatient care
- St Peter's will no longer offer labour or post-partum care for the winter. The midwife-led birthing centre will move to the William Julian Courtauld (WJC) centre in Braintree. This impacts a very small number of births – average of six per month
- The WJC centre has modern facilities, and this move will allow us to provide the best quality care for our population by giving families the same choice and access to modern facilities. The changes reflect the immediate needs of the service, are necessarily temporary in nature and affect only inpatient provision
- The moves are expected in October and women and birthing people are being supported by midwives on their birthing choices
- Broomfield, Basildon and Southend hospitals midwife-led units will continue as usual. Home births are also still available.

3.8 Future of Community Beds

- The changes being made now are necessarily temporary and will only affect inpatient beds i.e., where patients need to stay overnight or where a bed is needed for an extended period. These changes are being made this winter to reflect the immediate needs of the service

- Outpatient services provided from St Peter's in Maldon will continue to be located there. For example, blood tests, diagnostics, screening, and maternity outpatient appointment
- Work will proceed in parallel to determine proposals for long-term solutions for the configuration of stroke rehabilitation, intermediate care, and midwifery-led birthing services. This will produce proposals developed in conjunction with local people and key stakeholders in line with the best possible clinical advice. Formal plans should be drawn up by the end of the year and will take the form of a "pre-consultation business case" which can be used as the basis for formal public consultation and decision making in the early part of 2024.

4. Industrial action

- 4.1 Each cycle of Industrial Action (IA) requires significant planning and support to ensure that essential services such as wards have safe levels of medical cover.
- 4.2 To date, attendance levels in A&E and ambulance conveyance levels have been largely unaffected by IA, with the usual large numbers coming through our doors. Therefore, discharge levels need to be maintained so that emergency admissions can be accommodated.
- 4.3 Wherever possible, elective activity (both outpatients and inpatient) continues – especially high priority services for example, cancer treatments. Where cancellations happen, the vast majority of patients are given another appointment close to their original date.
- 4.4 However, the level of cancellations is having an impact on long-wait patient numbers and it is increasingly difficult to maintain maximum wait times of 78 weeks or less.
- 4.5 The Trust has had to cancel 3,437 surgeries since April 2023 – this includes both inpatient and day case surgeries. 294 or 8.5% of these were cancer related surgeries.
- 4.6 We have had to cancel 22,406 outpatient appointments since April 2023 – this includes both new and follow up appointments. 2,280 or 10.2% were cancer related appointments.

5. Community Diagnostic Centres (CDC)

- 5.1 The national business case process is complete and the system has secured funding for four centres within mid and south Essex:
 - Pitsea CDC, Pitsea town centre
 - Braintree CDC, St Michael's Hospital Braintree Community Hospital site
 - Thurrock CDC, Thurrock Community Hospital
 - Southend CDC, dependent on an independent sector partner being selected
- 5.2 The national business case process is complete and the system has secured funding for four centres within mid and south Essex.
- 5.3 The Trust has now received positive planning permission for the CDC in Braintree. Plans to begin building work at the start of 2024 are now being drawn up. In order to meet our targets to increase diagnostic activity, we will be placing a further mobile unit on the site at Braintree until the CDC is complete. This will provide access to MRI and CT scans.
- 5.4 Pitsea CDC is in the engagement phase, with an open planning application in place. The Trust is hosting engagement events for the public to come and see

the plans on 28 September and 9 October. More details on the engagement events and open survey can be found here: www.mse.nhs.uk/have-your-say.

5.5 Mobile capacity

The Trust is working to provide extra mobile capacity to residents across south west Essex while we wait for the builds on the full CDCs to be built. We anticipate an MRI and CT mobile scanning unit to be available on the Orsett Hospital grounds, with a further two roomed Endoscopy unit, also positioned on the Orsett Hospital site before the end of the year. This will support access to further diagnostic capacity for our communities.

6. Operational Update

6.1 The Trust continues to see large numbers of people who are acutely unwell arriving at our emergency departments (EDs). Across the Trust we see on average 400 people per day at each site. Many of those people need to be admitted or need further treatment. This makes discharge at the other end of the hospital so important. The Trust is working with Integrated Discharge Teams and is focused on improving discharge pathways so that patients can be discharged safely with onward care packages.

6.2 Some of our figures from August – which is the latest data set we can report on are below:

- Across our Trust's EDs, performance against the four-hour standard in August was 67.5%
- We have closed 156 escalation beds from a peak of 178. We are reviewing our rapid assessment and treatment (RAT) processes across our EDs to make sure it works best at each site.

6.3 Ambulance handovers

- In August the average time for an ambulance to offload a patient was 25 minutes, the quickest time since February 2022
- 41% of ambulances handed over in under 15 minutes and 80% in 30 minutes; 95.2% of ambulances were handed over in under 60 minutes, down slightly from 96.2% in July.

6.4 Cancer performance

- Our target is 75% of people seen within the 28-day faster diagnosis standard by March 2024. This was 68.8% in July, up from 66.9% in June, and we are on track to meet our target
- At the end of August there were 653 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer. We have a target of under 475 patients waiting over 62 days by March 2024
- The backlog can partly be attributed to the impact of industrial action and higher than expected dermatology referrals which will require extra capacity to remain in place until the tele dermatology referrals increase
- Extra capacity for Breast radiology is required
- The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology.

6.5 Elective care and referral to treatment

- In August there were 192 patients waiting more than 78 weeks for treatment, in part due to the impact of industrial action
- We are performing better than our trajectory for patients waiting over 65 weeks, and we remain assured that we can virtually eliminate this cohort of patients by the end of the year
- Some specialties are at greater risk of not clearing their waiting lists, including plastic surgery, allergy, and ear, nose, and throat (ENT).

6.6 Diagnostics

- Our diagnostics target is to ensure patients receive tests within six weeks. In August we achieved this for 74.5% of patients, down from 76.8% in July
- This fall was because of annual leave and industrial action in August, and we expect the annual leave impact to reduce in September
- Some tests are below their planned levels, including gastroscopy and echocardiography, and we have plans to recover these, such as by putting on additional echocardiography sessions.

7. CQC improvements

7.1 Since our inspections in January and February, the Trust has made a raft of improvements. Working with teams through dedicated deep dives into elements of care that needed to change. There are tangible improvements to processes and care in the basics and governance procedures. Some of the examples of these include:

- Providing wipeable bed boards at each patient's bed, which states their preferences, nutritional status and any safety needs
- Ensuring people's nutritional needs are assessed on admission to hospital, for children and adults
- Protecting mealtimes and providing feeding buddies, who support people to eat
- Training on wards for Mental Capacity and Deprivation of Liberties assessments
- Improving processes around managing complaints, with a focus on early resolution.

7.2 In July 2023, the Trust was reinspected on medical services and has received initial positive feedback via a draft report for the improvements made. The final report is expected to be published this Autumn.