

Report title: Updates on hospital performance, Community Diagnostic Centres, urology reconfiguration, and the CQC action plan from Mid and South Essex NHS Foundation Trust	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mid and South Essex NHS Foundation Trust	
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Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1** This report includes updates from Mid and South Essex NHS Foundation Trust (the Trust) on operational performance, the Community Diagnostic Centre programme, urology reconfiguration, and progress on actions from recent CQC visits and feedback.

2. Action required

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

3. Background**3.1 Trust performance – Foundations for the Future**

As part of our Foundations for the Future improvement programme, the Trust is continuing its work to improve the basics in the care provided to its patients.

This is taking place through a series of 'sprints' where teams work together in targeted and rapid ways to support improvement in core areas, which are outlined below, in urgent and emergency care, cancer, falls and recruitment, among others.

Recent actions that have been taken include the use of the Malnutrition Universal Screening Tool across all the Trust's hospitals. This provides a single, standard process for how inpatients' risk of being malnourished is assessed and helps clinical staff to intervene. The Trust has also rolled out protected mealtimes, started to recruit volunteer feeding buddies to support inpatients, and brought in new ways to measure how well staff are keeping patients hydrated. There are plans to bring in additional training to improve paediatric nutrition.

The Trust has introduced a pilot which is providing bigger and easier-to-grip cutlery for patients who find it difficult to use ordinary knives and forks. Four wards across the Trust are trying this new cutlery and it is being received well by patients, who can eat more independently and enjoy their food.

The Trust is making the greatest possible use of its Hospital@Home service. This has helped patients to leave hospital and continue treatment in the comfort of their own home, while avoiding admissions. Staff have more access to information to make it easier for them to use the service.

Under Financial Foundations, the Trust is identifying schemes where efficiencies can be found and so releasing funding for other projects. This is alongside refreshed training for staff on improving value. There is a focussed drive to reduce the number of Bank staff used, following a higher than expected uptick in the costs for staff during month one. We are also focussing on improving quality and safety as key cornerstones for improving financial efficiency.

As part of the next sprint, plans include speeding up the process for hiring new staff, making it easier for the Trust to listen to its staff, and further improving patient communication.

3.2 Trust performance – Urgent and emergency care

The Trust remains very busy in emergency departments, with some performance indicators improving and some declining.

Four-hour performance

All three hospital sites have shown a slight decrease in performance against the four-hour standard (where patients are admitted, transferred or discharged within four hours). From February to March, Southend fell by 0.9%, Basildon fell by 1.2%, and Broomfield fell by 1.3%. This can be explained by the impact of the bank holidays and strike days creating surge pressure following these events.

Time to initial assessment

The average time taken for patients to receive an initial assessment in mid-May was 15 minutes or less in all our hospitals:

- Basildon Hospital: 11 minutes
- Broomfield Hospital: 9 minutes
- Southend Hospital: 12 minutes

The Trust has introduced specific events to focus on discharge at Basildon and increase patient flow through our emergency departments. Initial work to reconfigure the emergency department at Southend was completed, adding seven additional majors cubicles earlier in the year while a new ward has been opened for admitted patients in the Emergency Department.

Ambulance handovers

This continues to improve, with an average handover time across the Trust of 28 minutes in April, down from 35 minutes in March. More than 33% of ambulances handed over in under 15 minutes.

Same Day Emergency Care (SDEC)

The Trust is resetting the use of its SDEC units. During the busy winter months these SDEC areas have been used as overflow bed capacity, but they can now

be used for the purpose they were set up for and very few people need to be kept in overnight using this extra capacity.

These units at the three hospitals support patients to receive assessments, tests and treatment and be discharged on the same day. This helps to improve patient experience and ease congestion in the hospitals by avoiding unnecessary admittance.

3.3 Trust performance – Cancer

The Trust continues to work on reducing the time it takes for patients to find out if they are diagnosed with cancer, or to begin treatment.

In early May, the Trust had 788 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer. While this was a significant reduction from 1,500 at the start of the year, there has been a slight decline in predicted performance. The two-week wait performance in April was 50%.

The Trust is focusing on areas which will have the biggest impact in reducing waiting times, including skin, colorectal and urology cancers. In colorectal, for example, clinicians are engaging more with GPs to improve referrals and endoscopy waiting times have been reduced, while the Trust has developed draft improvement plans for chemotherapy and radiotherapy.

Faster Diagnosis Standard

This standard ensures patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. The Trust is currently underperforming in this standard with its performance of 64% but has made improvements to achieve the target of 75%.

Action to date has seen a focus on skin cancers, with a reduction in the 62-day backlog from over 1,000 in October 2022 to 168 patients in late April. The Trust reached 82% on the Faster Diagnosis Standard, from 25% in October 2022. A tele-dermatology pathway has been launched, reducing unnecessary skin-cancer referrals to hospital, helping to reduce waiting lists.

The Trust plans to focus activities on cancer pathways including; colorectal (recruitment programme), skin (quality improvement programme), urology (better understand demand and capacity), gynaecology (provide Trust-wide ultrasound reporting), and to develop a workforce strategy for cancer diagnosis and treatment pathways.

3.4 Trust performance – Elective recovery

Referral to Treatment (RTT) – Long-waiting patients

The Trust has reduced the number of patients waiting 78 weeks for treatment or alternative care, from around 1,800 patients in November 2022 to 20 at the end of March. This then rose slightly to 89 at the end of April, because of the impact of the Easter holidays and strikes.

The Trust has been recognised as top in the East region and among the best in the country for reducing our 78-week wait time.

The focus now is on the 65-week and 52-week waits, by expanding surgical capacity to treat patients. Plans are to have no patients waiting more than 65 weeks by December 2023 (for non-admitted) and March 2024 (for admitted).

3.5 Trust performance – Diagnostics

Diagnostics recovery will be a key focus in 2023/24 to support efforts to reduce cancer waits and improve RTT performance. The target is that patients should not wait more than six weeks for a diagnostic test after it is requested.

Diagnostic performance was 69% in March (target 95% by March 2025) – an improvement from 67% the previous month and the third month consecutively to demonstrate improvement.

The Trust has set up a diagnostics project group to help focus on achieving this standard. Progress is monitored via the Elective Recovery Group.

The building of new Community Diagnostic Centres (CDCs), means that in the year 2024/25 there will be far more permanent capacity to carry out much-needed tests faster and closer to home.

3.6 Trust performance – Staff vacancies and recruitment

The vacancy rate across the Trust, after reducing for seven consecutive months, saw a very small (0.2%) increase to 11.2% in March as the organisation grew. This remains below the target of 11.5%.

The Trust continues to hold large-scale recruitment campaigns in areas that are difficult to recruit to, including healthcare support workers, estates and facilities, nursing, and medical staff. This led in April to 30 job offers for Healthcare Assistants at Broomfield Hospital made, and seven job offers made at an emergency department recruitment open day. The Trust attends university fairs and encourages young people to begin a career in the NHS, and is working with EPUT on joint recruitment days.

Retention has improved over the past eight months, at 13.2% in April, down from 13.6% in March. The Trust has introduced programmes to improve staff wellbeing, which include:

- Sessions informed by NHS England to teach managers how to have wellbeing conversations
- Ongoing recruitment of mental-health first aiders among staff
- Financial support for staff, including a community pantry, tea and coffee for departments, vouchers, and dedicated financial wellbeing information.

The Trust relies far less on agency staff.

3.7 Trust performance – Complaints and PALS

Complaints and Patient Advice and Liaison Service (PALS) response rates remain a key area of pressure. The standard for responses to formal complaints is 40 working days, and five working days for PALS queries.

The Trust is committed to reducing the number of delayed responses. A new governance staffing structure was put in place in January 2023, involving weekly meetings with main divisions to discuss and progress active cases, and reporting of active and overdue cases to improve performance monitoring. This has already started to reduce delayed responses to formal complaints, from 265 in January 2023 to 184 in April.

The number of formal complaints received has remained fairly static over the last two years, averaging 126 per month, with 145 in March 2023. In recent months there has been an increase in PALS enquiries, with 968 in January and 1,061 in March. The main themes are appointments (waiting times and cancellations) and communication.

3.8 Trust performance – Falls

Reducing falls (with or without harm) is a national priority. The Trust continues to review a high number of patients to identify high-risk fallers and ensure that every mitigation is made to prevent further falls. Initiatives include anti-slip socks, individual support for confused patients, and a trial of falls sensors and alarms on beds.

There are harm-free falls champions based on wards who support awareness of falls prevention among staff.

3.9 Trust performance – Pressure ulcers

Pressure ulcer prevention is a cornerstone in the Trust's drive to improve quality of care, reduce harm and improve patient experience.

A number of preventative and management strategies within the Trust are being implementing. A Topical Negative Pressure Therapy policy has now been ratified and is being shared across the sites. The Tissue Viability Steering Group is putting quality improvement initiatives in place to reduce the number of ulcers and assess wounds.

3.10 Community Diagnostic Centres

The Trust has been working to ensure it increases diagnostic capacity in mid and south Essex and has been seeking to secure significant funding, through the Government's Community Diagnostic Centre Programme. The centres will offer diagnostics closer to home for residents, and some centres will offer wider tests such as endoscopy and other investigative procedures.

Following approval of submitted business cases, funding has been approved for Thurrock and Braintree CDCs. The Thurrock CDC will be located at Long Lane in Grays and is due to open in Spring 2024. The Braintree CDC will be an extension of the St Michael's building at Braintree Community Hospital site and is due to open in Autumn 2024. Both will offer x-ray, MRI, CT, ultrasound, blood tests and heart and lung tests. Braintree will also offer Echocardiograms. They are in the implementation phase with contractors being appointed and final programmes of work being developed.

The Government has now announced funding for the third Community

Diagnostic Centre (CDC) in mid and south Essex, which is due to be located at a central location in Pitsea.

The Trust has taken action to speed up access and offer more diagnostic tests in the community. It is working closely with Basildon Council and following due process with regards to planning and contracts for the permanent centre. In the meantime, the Trust is keen to provide community diagnostic capacity via a temporary solution in Basildon. This will offer CT scans, MRI scans and endoscopy tests via mobile units which will be placed in a car park, near to Basildon train station. This facility will be provided later this year.

The CDC in Pitsea will support residents from across south Essex, and the first phase will offer all of the above services, as well as heart and lung tests and more endoscopy rooms.

The Trust expects the Pitsea CDC to be open by the end of 2024.

The Trust is leading on the programme with the Mid and South Essex Integrated Care System.

Following each centre receiving funding, the Trust has been engaging with residents to show them the plans and ask what their needs will be and how they would like to access the centres. This information is being used to help develop service models.

The first engagement for Braintree residents was held at the George Yard shopping centre in Braintree on 10 May. The Trust is planning further events in with local staff and residents to engage as many people as possible. A survey is open to residents to allow them to give feedback on their current diagnostic experiences, and the Trust encourages this to be shared:

www.mse.nhs.uk/have-your-say

The Trust plans to begin public engagement events for the Pitsea CDC in July, with a further event in September. Alongside this, it will engage with staff about the opportunities at each of the CDCs, as well as colleagues in primary care about how this will support their referrals.

3.11 Urology service reconfiguration in mid and south Essex

Following the public consultation – Your Care in The Best Place – which was agreed by the Secretary of State in 2019, Urology services are being consolidated from three separate services to two services providing Urology care across three sites, with emergency treatment delivered at Broomfield and Southend.

From 15 May, in line with our clinical reconfiguration plans to provide centres of expertise and specialist care, Urology services have changed for patients arriving at Basildon Hospital. The service at the Southend site will remain unchanged.

Basildon patients requiring emergency admission for urology care, who cannot

be treated in the Same Day Emergency Care (SDEC) Unit will be transferred to the Broomfield site. Transport services have been secured for these patients using the current patient transport provider and blue light emergencies will be transferred by EEAST.

Some elements of complex non-cancer surgery will also move from Basildon to Broomfield, with the Basildon site retaining day cases and 23-hour cover as well as Same Day Emergency Care.

Benefits of the change

- It meets all recommendations in the original Decision-Making Business Case – agreed at Clinical and Multi Professional Congress in March 2023
- Improved patient safety for Basildon patients – faster access to specialist care.
- Expected reduction in length of stay by introducing a robust combined on-call and Consultant of the Week model.
- Improved outcomes due to consolidated service at Broomfield for complex elective/planned surgery. Complex elective surgery, with longer length of stay will be at Broomfield. Basildon now only has 23 hour stay and day cases.
- Equity of access for patients – consistency of service.
- Faster access for Renal Colic patients - a hot urology theatre (not available at Basildon) will allow increased primary treatment of ureteric stones (one of the common emergencies) rather than temporising with stents and then a long time on a waiting list. The Trust is a leader in the East of England in offering this.

4. Update and Next Steps

4.1 CQC visits to the Trust

An update on the latest CQC inspections will be provided to the Committee. See above, reference 3.1 on the improvements already made as a result of the inspection feedback.

5. List of Appendices - none