



**East Suffolk and
North Essex**
NHS Foundation Trust

Report for Essex Health Overview Policy Scrutiny Committee

Acute performance at East Suffolk and North Essex NHS
Foundation Trust

February 2022



About this report

East Suffolk and North Essex NHS Foundation Trust provides acute and community health services to a population of almost 1 million.

Due to the nature of how the Trust manages information, some of the data in this report is combined. Where this is the case, a narrative for Colchester Hospital and north east Essex has been added.

A guide to terms used in this report:

UTC	Urgent Treatment Centre. These are at Colchester and Clacton hospitals and a satellite nurse-led unit at Harwich.
ED	Emergency Department
AMSDEC	Acute Medical Same Day Emergency Care. A clinical area in Colchester Hospital
RTT	Referral to treatment
HALO	Hospital Ambulance Liaison Officer – ambulance colleague working with our clinical team
MDT	Multi-disciplinary team
Elective	Care that is planned and not the result of a health emergency
PTL	Patient Treatment List
Red day tracker	system for managing patients in hospital for more than 14 days who could be discharged or transferred
Criteria to reside	the consideration given to whether a patient is well enough to remain in an acute hospital

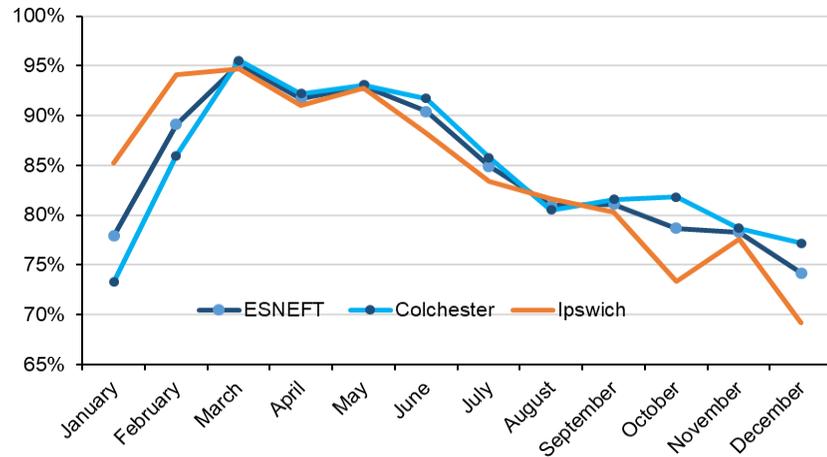
Overall performance for December 2021 – the latest confirmed data

Performance Area	Performance measure	Target	Latest Month		Trend	
			ESNEF T	ESNEF COL	ESNEF T	ESNEF COL
Emergency Department	Four hour standard	95.0%	74.2%	77.2%	-4.1%	-1.5%
	Time to initial assessment - 95th pct	15 mins	24	19	2	2
	Time to initial assessment - percentage within 15 minutes (new measures)		83.9%	86.0%	-1.0%	-7.6%
	Time to treatment - median time in department	60 mins	79	51	0	-9
	Average (mean) time in department - non-admitted patients (new measure)		154	190	-49	-71
	Average (mean) time in department - admitted patients (new measure)		246	273	-130	-175
	Patients spending more than 12 hours in A&E		570	525	86	78
	Proportion of ambulance handovers within 15 minutes (new measure)		21.2%	16.3%	-0.1%	2.0%
Cancer	% Patients seen within 2 weeks from urgent GP referral	93%	75.6%		3.3%	
	% patients 28 day faster diagnosis		63.6%		1.3%	
	%patients waiting no more than 62 days from GP urgent referral to first treatment	85%	75.4%		-1.8%	
Diagnostics	% patients waiting 6 weeks or more for a diagnostic test**	1%	30.4%		7.3%	
	% of incomplete pathways within 18 weeks**	92%	66.2%		-1.5%	
RTT	Total RTT waiting list (open pathways)**		63,930		12	
	Total 52+ waits	736 (Trajectory)	1990		143	

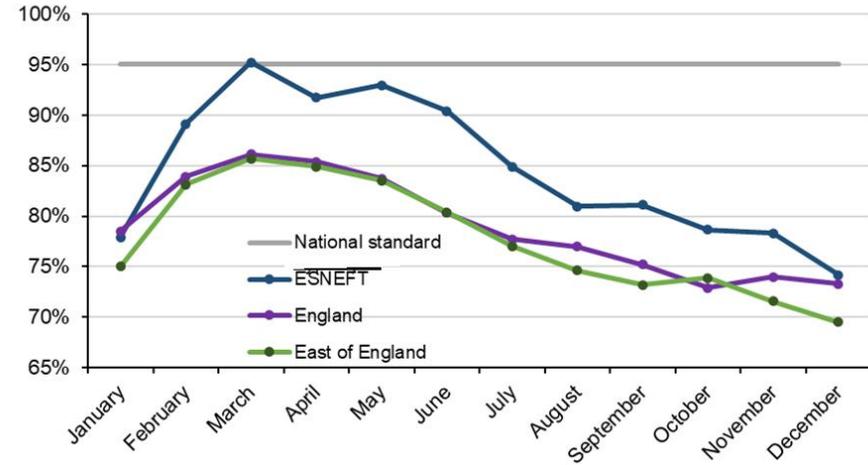
**December 2021 figures include patients treated in private setting under the patient choice agenda for November 2021

Urgent and emergency care – ED Performance: ESNEFT performance sits above the national average. Colchester and NEE performance was 77.2%

ED Performance: Four hour standard



ED Performance: Four hour standard - benchmarking

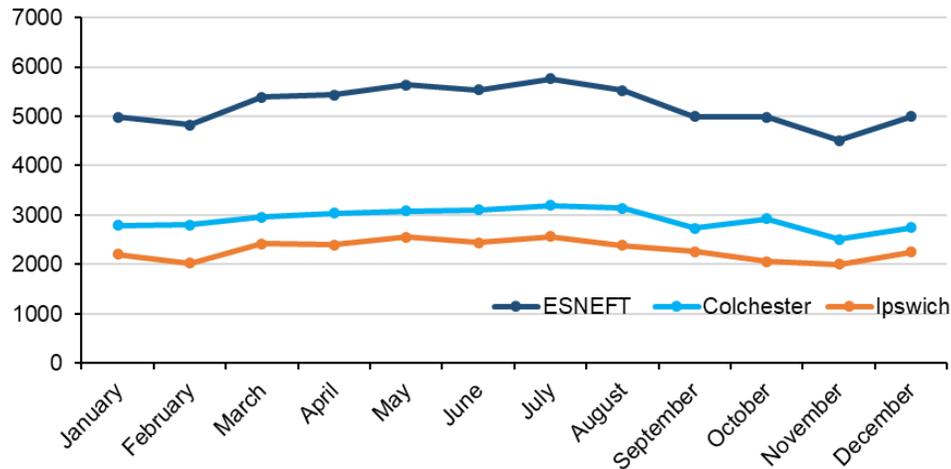


Colchester’s issues with performance have been driven predominantly by bed flow in early December but still performing well in comparison to the regional average. We also saw a decrease in attendance at the UTC which may be attributed in part to the seasonal period and avoidance due to ongoing rises in Omicron. Early January saw the same picture however performance in Colchester during the latter part of January has improved finishing at just short of 80%



Urgent and emergency care – ambulance activity: The number of ambulances during December increased in month by over 10% across ESNEFT, increasing by 9.5% at Colchester.

Ambulances: Number of handovers



We have been working closely with the HALO and continuing to cohort patients with a safety nurse enable these ambulances to be released back on to the road.

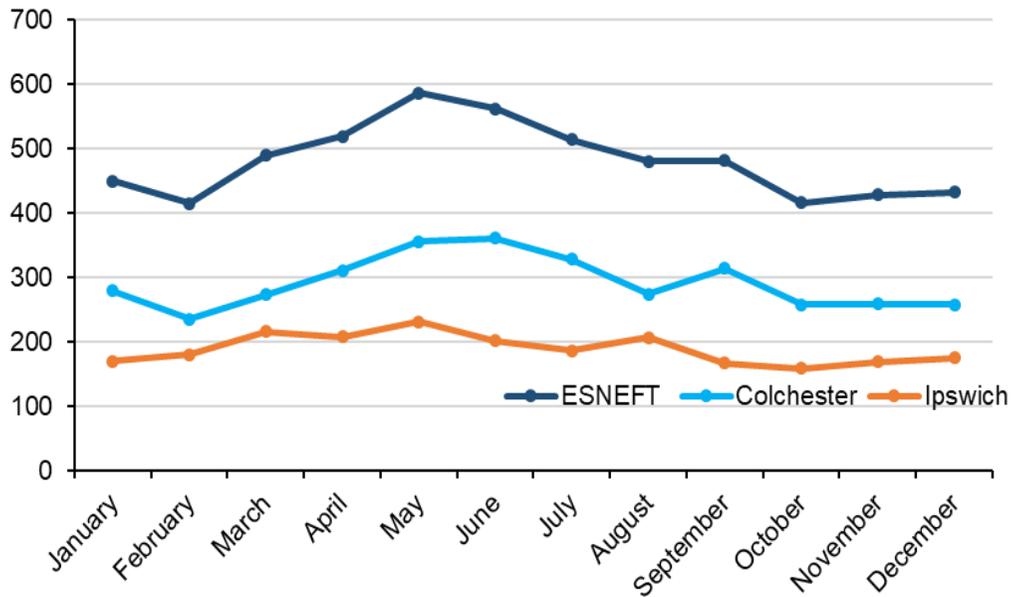
The emergency department has reconfigured its environment to provide a surge area, when possible, to support timely ambulance handovers.

Staff work together to ensure we have the correct mix of doctors to patients at the correct times. The average time in the emergency department has continued to decrease for admitted as well as non admitted patients.

These improvements have resulted in some of the lowest ambulance handover delays in the region.

Urgent care – Mental Health: Mental Health presentations continue to decrease.

Number of ED attendances due to Mental Health



In December there was an increase in system wide pressures resulting in delays in assessment and transfer when a MH bed is required.

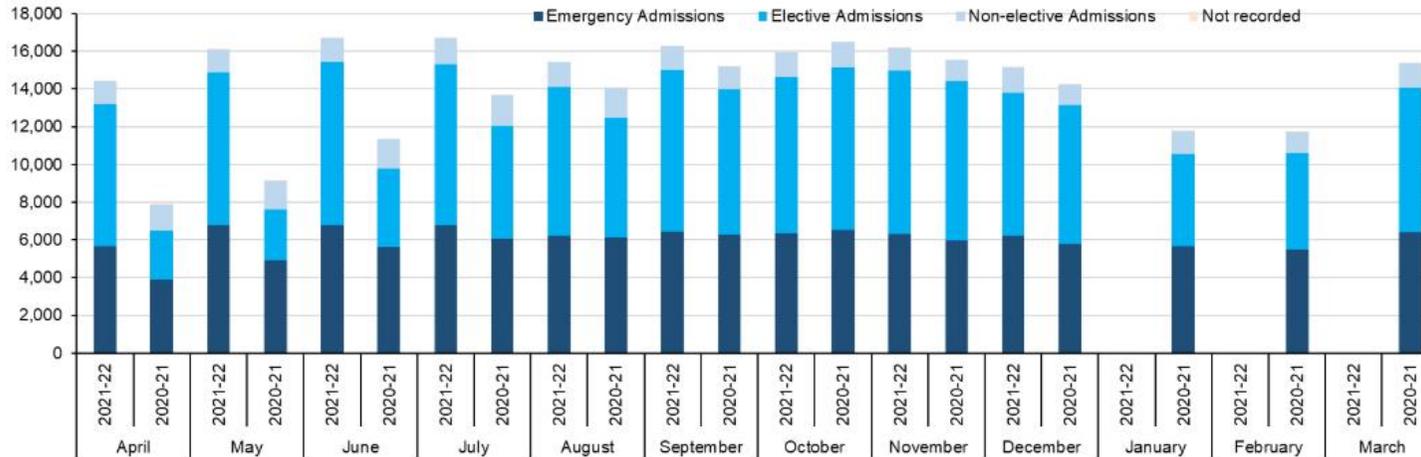
We are developing proposals for a mental health assessment site at Colchester Hospital. We have also seen the introduction of the crisis cafes which have prevented many people turning to ED for a form of support as no other service available

The department continues to see 12 hour delays for mental health patients as a result of closed and/or reduced mental health services across the region. This increase in time has been predominantly within children and young people.



Admissions: Emergency admissions and elective admissions decreased by 1.2% and 12.4% respectively last month

Admissions: Inpatient spells by admission type



Emergency admissions
6,247
vs 6,323 last month

Elective admissions
7,568
vs 8,635 last month

Non-elective admissions
1,335
vs 1,220 last month

Total admissions
15,153
vs 16,185 last month

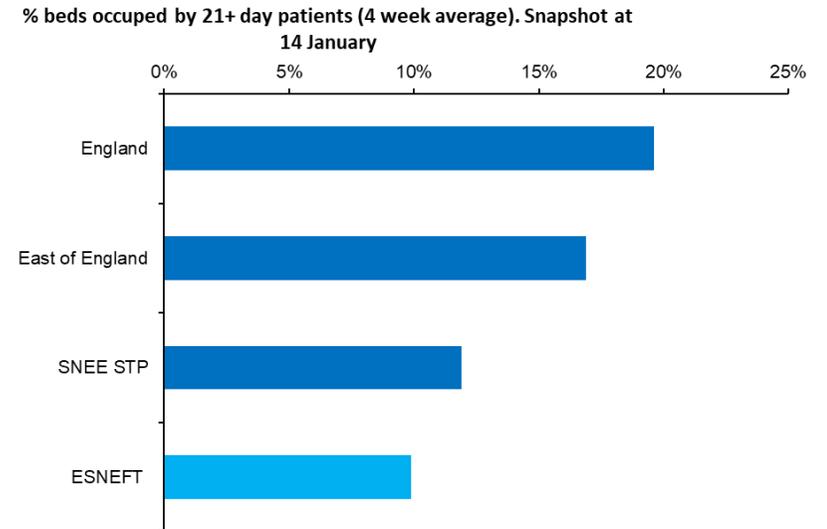
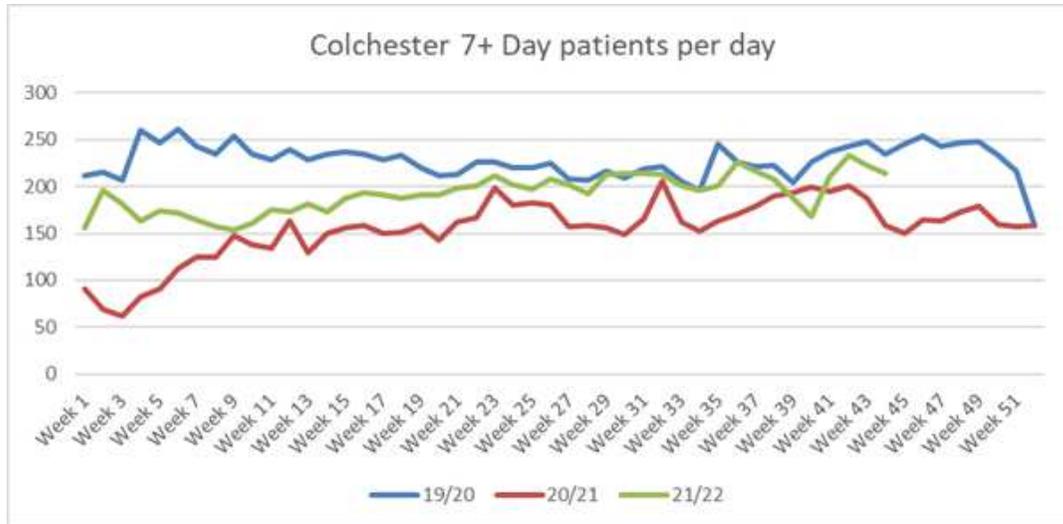
Combined ESNEFT data

Teams across the service continue to work together to ensure that patients are only admitted when clinically necessary. Focus remains on discharging our patients home and to alternative care settings. Leading up to the Christmas weekend MDT patient review panels were held daily led by executives.

These proved to be beneficial and have continued throughout the month of January and supported with weekend capacity and flow, as well as the reduced capacity position due to closed empty beds.

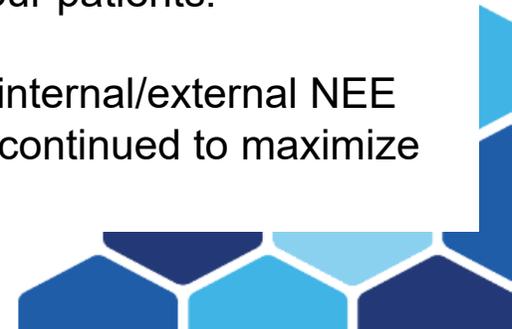
The 'Home for Christmas' initiative resulted in Colchester releasing 162 beds going into the holiday period.

Inpatients: The number of long length of stay patients across ESNEFT in December 2021 was consistent on the previous month, remaining lower than national and regional levels. Length of stay at Colchester Hospital is now less than it was before the COVID-19 pandemic.



December was a challenging month in relation to the continued impact of the Omicron variant as well as the lack of domiciliary and reablement care to support timely discharge of our patients.

By further supplementing the impact of our Red Day Tracker with daily senior internal/external NEE system reviews of all patients who do not meet the criteria to reside, we have continued to maximize every discharge opportunity.



Supporting discharge and transfer of care in NEE

The **Transfer of Care Hub** (sometimes referred to as the Discharge Hub) based at Colchester Hospital is a priority COVID Response Service and manages complex discharges from the acute and community hospital wards. This is for patients who require additional support and packages of care.

A multi-disciplinary team includes nurses, therapists, nurse assessors, case managers and administrative staff working alongside colleagues from across the NEE health and care system, including Adult Social Care, ECL providers, Housing and our two voluntary sector partners Community 360 and CVS Tendring.

The Hub provides:

- Twice-daily system-wide MDTs; working alongside social care, voluntary sector and commissioner colleagues to expedite very complex discharges and to seek out alternative solutions where care provision is stretched
- Escorted Transport service supported by the voluntary sector and our nurses/therapists; settling patients at home and ensuring that their environment is safe
- Extending support to carers through the introduction of Age Concern services at the Community Hospitals and supporting patients who are at end of life to die in their preferred place of care
- The use of personal budgets to provide one off payments eg for repair of a heating system
- Follow-up calls to both care homes and to patients who have returned home, to resolve any problems and prevent re-admission
- Support from Housing to tackle issues around housing and homelessness and the provision of Winter Packs and food packages, supported by our voluntary sector colleagues
- Focussing on social as well as health needs, working with Social Prescribers to provide wrap-around support for up to 6 weeks



Cancer performance

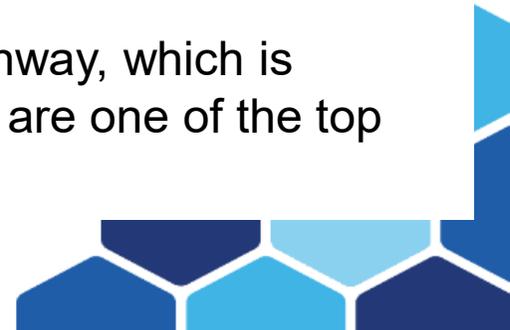
We have seen a marked and sustained increase in cancer referrals over the course of the pandemic.

Our overall performance for the 62 day target was 75% in December against a target of 85%

- 2ww referrals 40.4% increase in since 2019
- 31 day first treatment 36.8% increase since 2019
- 62 day first treatment 40% increase since 2019
- Consultant upgrades (those patients referred onto a cancer treatment plan from non-cancer initial referral) 69.7% increase since 2019

Whilst the percentage has increased, performance on Cancer treatment has remained generally the same, including cancer surgery, chemotherapy and radiotherapy.

In November 2021 we saw 3,838 patients at ESNEFT on a 2ww pathway, which is roughly 600-700 patients more than the average month in 2019. We are one of the top five NHS organisations for total volume of cancer treatments.



Elective care recovery

ESNEFT introduced a range of initiatives to help reduce the backlog as part of the Suffolk and North East Essex ICS implementation of the national accelerator programme for elective care, which launched in April 2021.

These include:

- Introducing “blue cards”, or patient-initiated follow ups. This gives patients the chance to get in touch if they have any concerns rather than booking them in automatically for a follow up. As well as reducing waiting times and footfall on our sites, the blue card is also improving people’s experience when accessing care by making sure they only return to hospital if they have a clinical need.
- Arranging “big weekends” to block-clear a backlog of appointments.
- Taking on additional overtime to tackle lists.
- Introducing new ways of working and using staff differently to improve efficiency.

As a result of these initiatives, the number of patients who have been overdue a follow up appointment for six months has reduced by a third, thanks to the hard work and collective dedication of colleagues across our Trust.



Lessons learned from COVID-19

- In North East Essex, we have built on our existing good relationships within the NEE Alliance to enable us to transform our collaborative work to support people to keep well at home, to be discharged to an appropriate environment for ongoing care
- We planned and tested our bolstered Business Continuity plans which are now a part of our key business functions. This has helped us to be more flexible and responsive to an ever-changing environment
 - Availability of staffing
 - Relocating services
 - Surge and super-surge planning
- We have put in place a new staff wellbeing psychology service to support colleagues through complex ongoing emotional experiences.
- All of this knowledge will inform our planning as we move into next winter.

