

# Mid and South Essex NHS Foundation Trust

Agenda  
Item No.

To  
People Scrutiny Committee

On  
6 December 2023

Report prepared by: Mid and South Essex NHS Foundation Trust

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## Mid and South Essex NHS Foundation Trust update on waiting times

People Scrutiny Committee

Public Agenda Item

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### 1. Purpose of Report

To update the Committee on waiting times at Mid and South Essex NHS Foundation Trust.

### 2. Recommendations

To note the contents of the report.

### 3. Background

#### 3.1 Operational update

##### A note on the figures

Where possible, the figures will refer to Southend Hospital and its local services, although most data and performance figures refer across Mid and South Essex NHS Foundation Trust sites. This reflects the distribution of services, where some specialties are found in particular sites and patients may move between these sites, as well as being given choice as to the hospital they wish to attend. This movement has been seen more frequently over the past 12 months as the Trust focuses on the reduction of long waits.

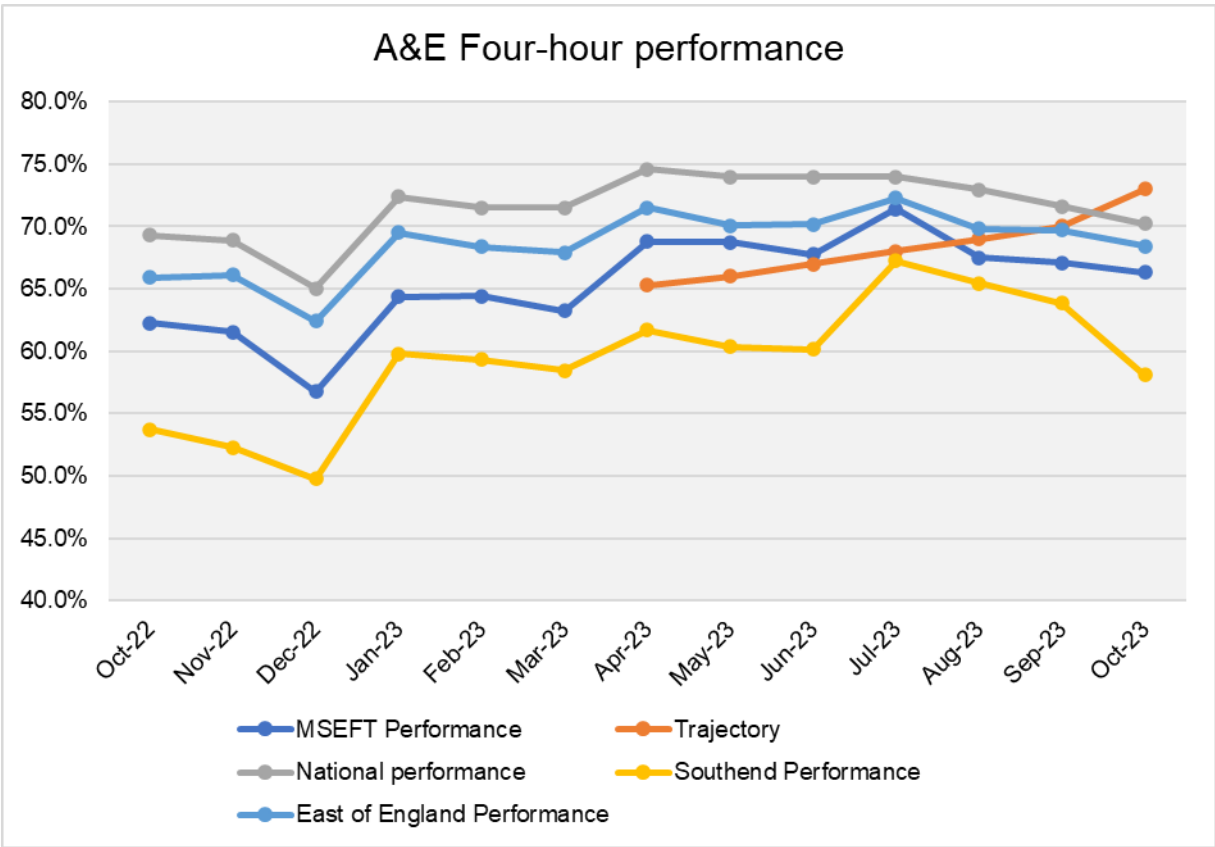
The impact of the strikes from March to October have had a very detrimental impact on activity for patient care in urgent care, cancer, and elective treatment, and consequent growth in the waiting list. It is hoped that there are no further strikes. Trust wide, approximately 31,000 outpatient appointments and 4,000 operations were cancelled and required re-booking – all representing lost capacity. It also affected waiting times in the accident and emergency department, however the arrangements the hospitals made, with the commitment of its staff, ensured services remained safe throughout strike days.

### 3.2 Urgent and emergency care

The Trust is aiming to have as a minimum 76% of patients seen and treated within four hours in the emergency department (ED) from January. The Trust will strive to better this number, with the ambition to treat patients quickly, recognising that faster emergency care supports improved patient outcomes.

While performance has been improving up until July 2023, from August to October there were challenges from frequent rounds of industrial action and a growing number of attendances at the EDs. This meant that the four-hour performance was 66.3% in October.

Figure 1:



The Trust has in place an urgent and emergency care improvement programme that is seeking to improve performance and governance in Southend’s ED. Winter resilience plans are making sure that rotas and staffing levels are appropriate for patterns of demand, and redesigning processes for seeing patients. This includes re-assessing how many doctors are needed in each part of the department, and making sure that patients access care in the appropriate place more quickly – such as same-day emergency care (SDEC) facilities instead of having to wait in the ED. This will improve their outcomes and increase the flow of patients.

There has been a focus on improving rapid assessment and treatment processes, sharing best practice across the Trust, and decreasing the length of stay of patients in the department, to improve the flow of patients out of hospitals and reduce handover times. The Trust is making better use of its SDEC facilities and has plans to improve

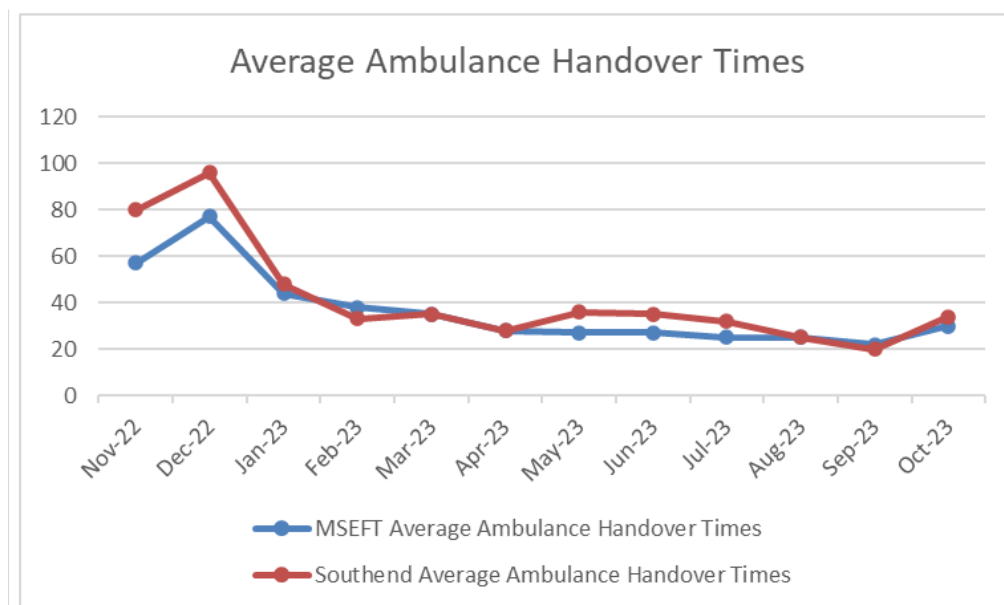
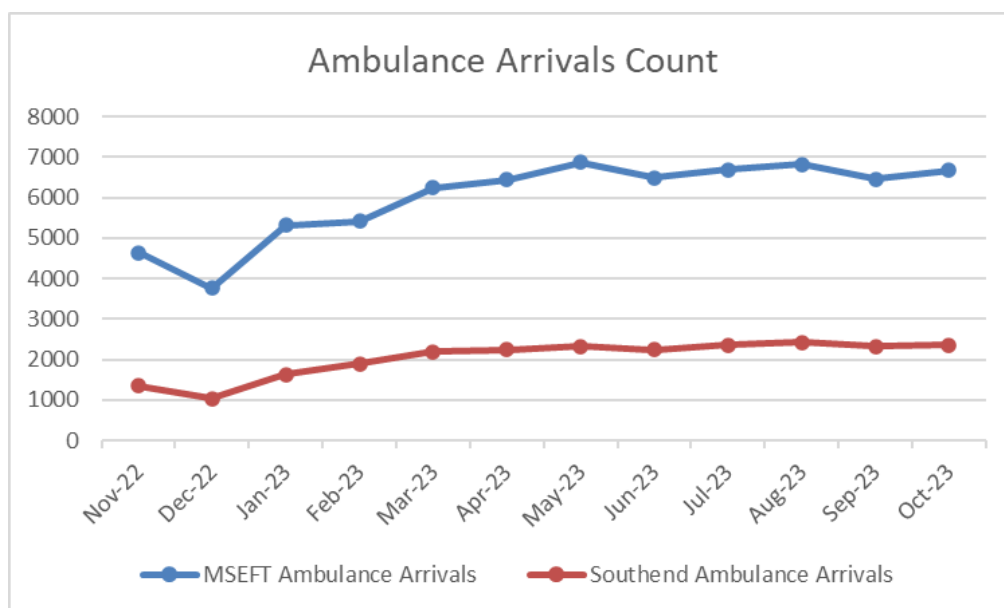
frailty services in Southend Hospital over the winter. A decision has been made to increase the medical establishment (the number of substantive medical staff) by 38 additional doctors to meet the demand and reduce reliance on short-term agency staffing. This is part of an overall increase of 101 doctors in medicine across the Trust.

The Trust has improved its use of acute medical units at all three sites, while there is now a medical receiving unit in place at Southend Hospital, which will improve flow of patients out of the ED and will be located on Dowsett work in the late winter, once the building work is complete.

The refurbishment of Southend’s ED has started and will further improve the flow of patients.

### Ambulance handovers

Figure 2:



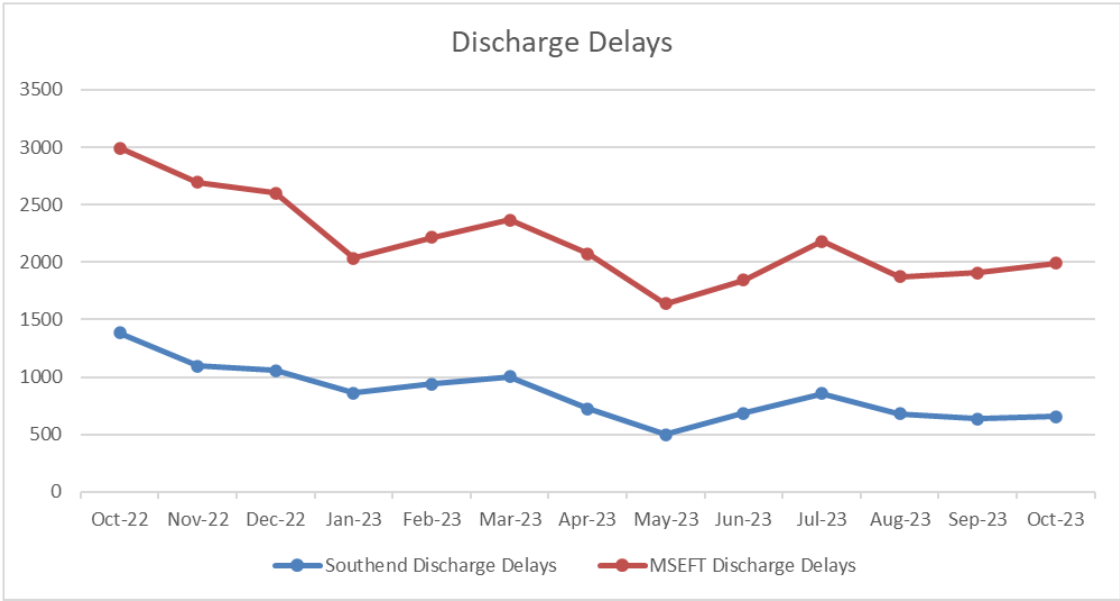
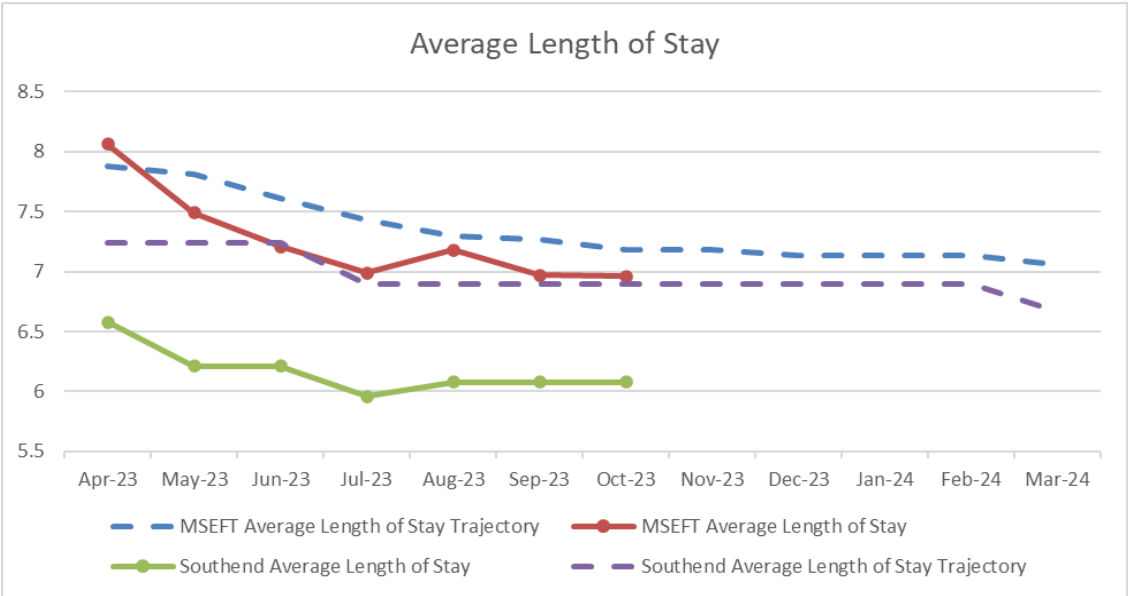
Having entered the winter period, the priority has been to prevent delays in handing over patients brought to the ED by ambulance, which releases crews to the community. Despite challenges in recent months, performance has been maintained.

A very high number of patients are arriving at the Trust's EDs, and ambulance arrivals have increased from 4,133 in October 2022 to 6,669 in October 2023, a rise of 61.3%. Despite this, the time it takes an ambulance to hand a patient over to the ED has fallen by 50% over the same period, and in October 2023, 75.7% of ambulances handed over in under 30 minutes. The plan is to achieve and maintain 90% of patients handed over within 30 minutes.

The Trust has worked with partners across the Integrated Care System to set up Unplanned Care Coordination Hubs (UCCH), which community responders contact for advice ahead of any admission to the ED. This is helping to save patients being admitted to hospital and receive alternative treatment.

**3.3 Length of stay and delayed discharge**

Figure 3:



The Trust has been performing better than trajectory for average length of stay. This is particularly seen at Southend where the average length of stay has been below 6.5 days since May 2023. However, focus remains on reducing the instances of long lengths of stay (patients who stay longer than 21 days).

At Southend, actions include:

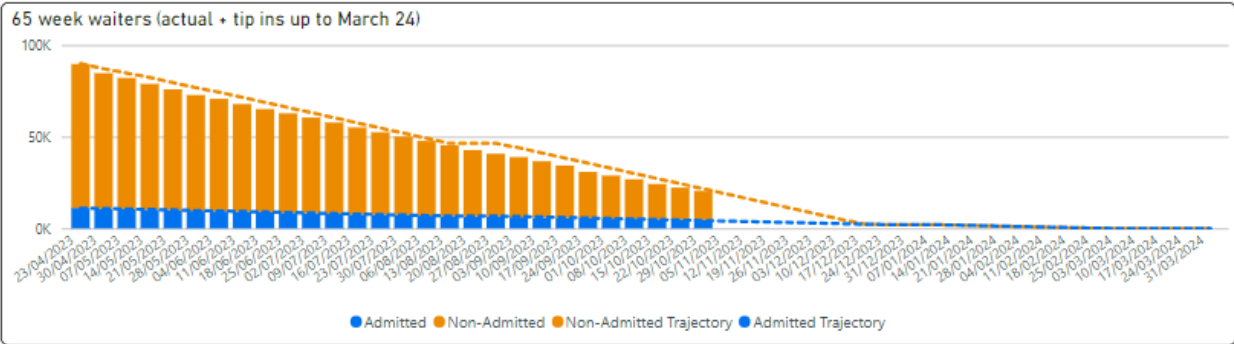
- Weekly reviews of patients’ length of stays
- Agreement with the integrated discharge team for daily review of 30 patients during the winter period
- Working with the Integrated Care System on community rehabilitation provision to support reduced length of stay across stroke wards
- Focus on discharge planning including regular reviews of patients staying against estimated discharge dates, and implementation of criteria-led discharge where appropriate across the site.

**3.4 Electives**

Nationally, there is a commitment to have no patients waiting over 65 weeks for their routine elective treatments by the end of March 2024, and to have none waiting more than 52 weeks by March 2025.

Performance has been affected in part by industrial action. The Trust is closely managing all patients on the waiting list whose wait for treatment would be over 65 weeks by March 2024. This number fell from 90,000 patients in April 2023 to 20,000 patients in October. The majority of patients waiting over 65 weeks had an appointment booked by the end of October 2023.

Figure 4:



Specific specialties with risks are plastics and breast reconstruction surgery, allergy, and ear, nose and throat (ENT). Breast reconstruction is a highly specialist area where there is no further capacity elsewhere. For allergy, the Trust is now able to get the capacity to run more clinics, and for ENT the mid and south Essex health system has been working with a number of independent sector providers to support waiting list reduction efforts.

**3.41 Total waiting list**

Nationally, the NHS total waiting list size for elective pathways has been growing since the pandemic; the pictures at both the wider Trust and at Southend mirror this trend.

The Trust has been validating its waiting list to check with patients to see if they still need an appointment, remove duplications, and to contact patients who have cancelled multiple times. While this is a manual exercise that will take time, it has led to some being discharged and releasing appointments for those who need care, helping to reduce the total waiting list by over 12,000 to 181,000 in October 2023.

Patients can now move between sites for treatment depending on the specialty and capacity available. This means that patients waiting at Southend Hospital may be offered earlier treatment at either Basildon or Broomfield hospitals (where the service is available).

Figure 5:

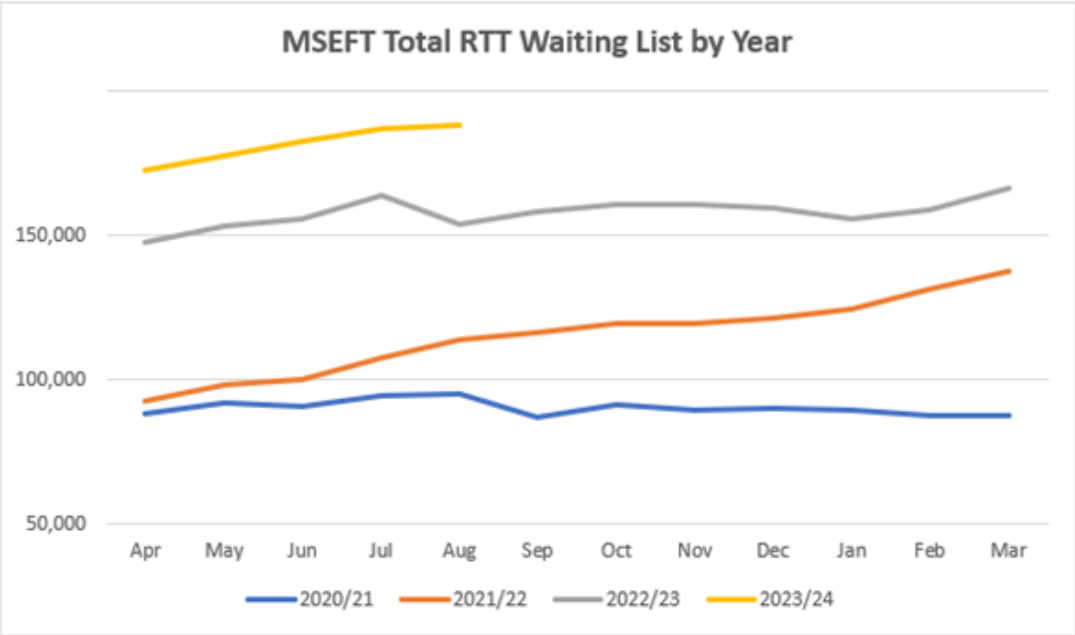
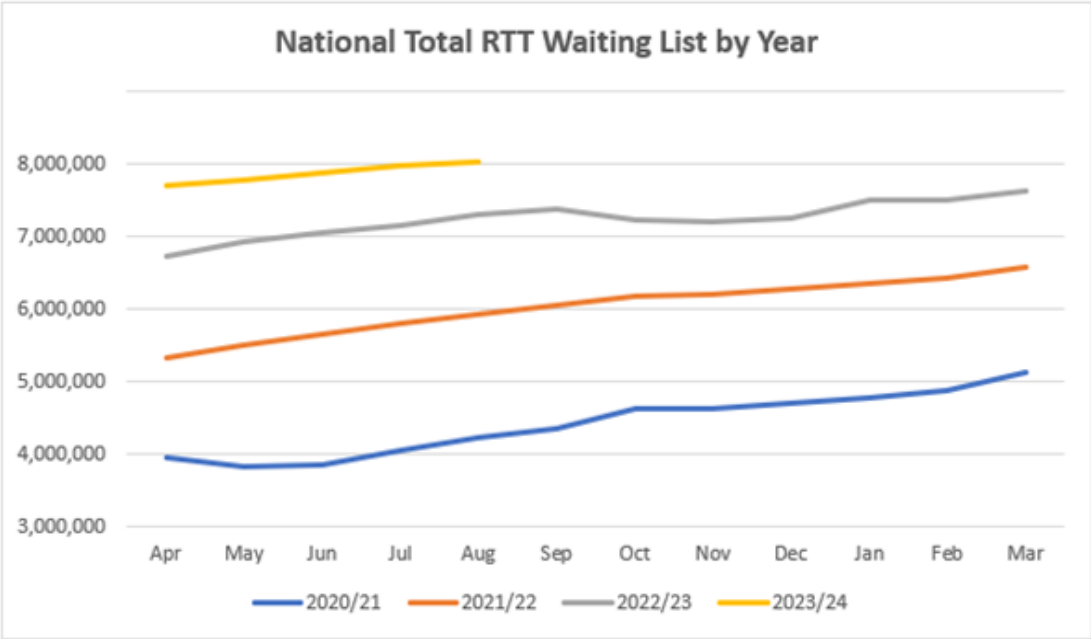
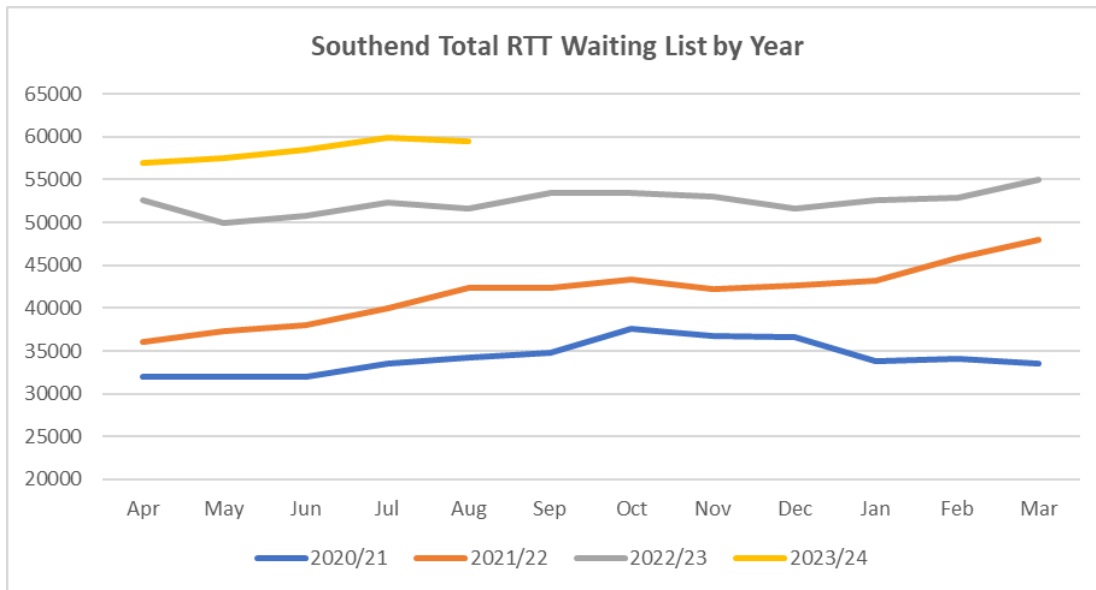


Figure 5 (continued):



Where patients do not attend appointments (DNA), this has a large impact on waiting lists. The Trust is expanding the use of text reminders and booking systems to more specialties to identify where DNA may be expected, so that clinics can be booked more efficiently to reduce the impact.

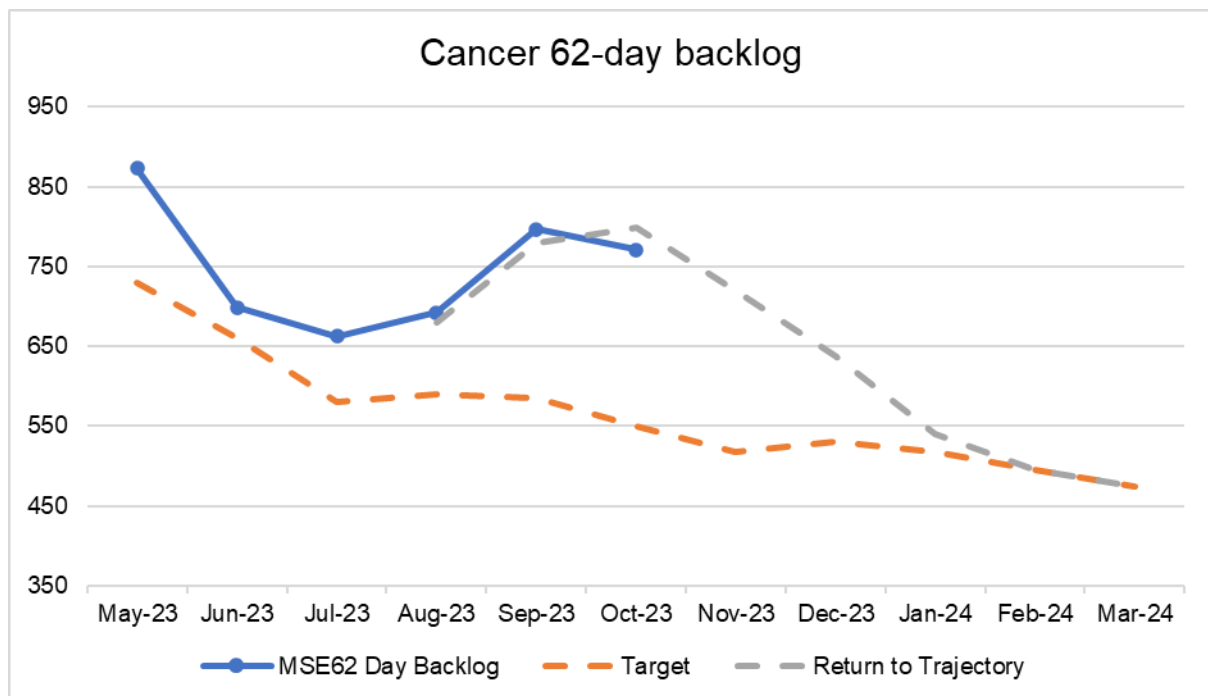
The Trust is supporting the government’s patient-initiated digital mutual aid system (PIDMAS) programme on patient choice. Patients waiting over 40 weeks from 31 October, with no planned appointment in the next eight weeks, received a text or letter advising them they can make a choice of another hospital if they wish, if it is clinically appropriate and if there is another provider that has the capacity. This may provide them with the opportunity to get seen faster. The Trust has around 10,000 patients who meet these criteria.

### 3.5 Outpatients

Through the Trust’s outpatient transformation programme, it is developing new models of care in a range of specialties. These include referring patients directly for a test; triaging more patients before they are seen at an appointment; and expanding the use of patient-initiated follow up, where patients can ask for follow-up care if they need and avoid unnecessary appointments, if it is clinically appropriate. The Trust is also aligning itself with ‘Getting it Right First Time’ principles, to ensure patients are given the right care at the right time.

### 3.6 Cancer

Figure 6:



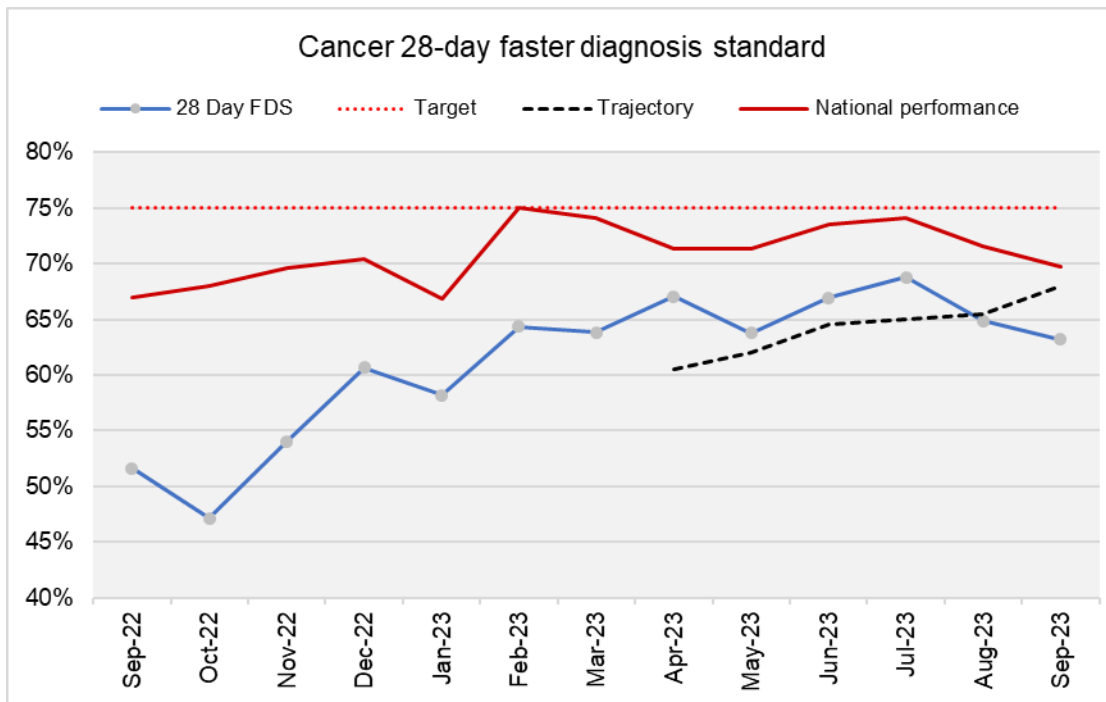
The Trust plans to have no more than 475 patients waiting over 62 days to be told that they do not have cancer or to receive treatment by the end of March 2024. Plans for 2023/24 were made without factoring in the effects of industrial action, and the Trust has since agreed a recovery plan with NHS England. At the end of October there were 764 patients waiting over 62 days, which is 219 patients above the original 2023/24 plan. The Trust aims to return to its agreed plan by February 2024.

The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology. Measures that have been taken include:

- Skin cancer: the rollout of teledermatology, which has helped to reduce waiting times for outpatient appointments and brought waits for minor operations to under two weeks. The Trust continues to bring in staff from external providers and run weekend clinics to reduce waiting lists further
- Colorectal: more patients are now seen within seven days, with the average wait until first appointment having been reduced from 15 to six days
- Urology: a second robot has been installed at Southend Hospital to deliver additional treatment capacity, while the multidisciplinary team is working to streamline pathways across all three hospitals.



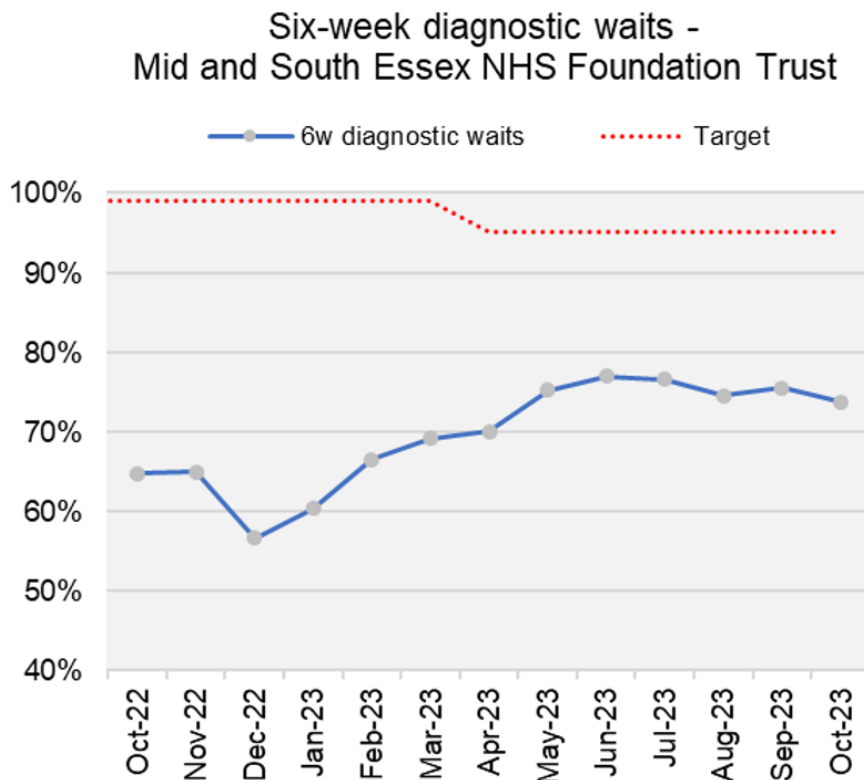
Figure 7:



Under the faster diagnosis standard, the Trust has a target that by March 2024 75% of patients are told within 28 days whether they have cancer. Performance was 63.2% in September 2023. This was affected by industrial action, as it was nationally.

### 3.7 Diagnostics

Figure 8:



Delivering quick diagnostics is key to shortening waiting times for cancer or routine care. The Trust has a target to ensure patients receive tests within six weeks. In October this was achieved for 73.8% of patients, down slightly, by 1.7%, from September.

The number of patients waiting over six weeks is 5,318, which is 775 better than plan. The biggest reduction has been in imaging – CT, MRI, non-obstetric ultrasound – after a new Radiology Information System made it easier to gather and validate data.

There has been successful recruitment of radiographers and sonographers. Further work is planned on general anaesthetic endoscopy and cystoscopy, and funding was agreed to bring in additional external staff and resources into the organisation for endoscopy.

The opening of community diagnostic centres (CDCs) in mid and south Essex will mean that beginning from 2024/25 there will be additional capacity available to carry out tests faster and closer to home.

### **3.8 Estates and capital funding**

The Trust invests across its buildings and estates to provide and maintain the facilities that support care for our patients. Within Southend, schemes that have been developed since 2019 include the Cherry Tree wing, expanded same day emergency services and a new outpatient block which allowed the emergency department to expand. Other plans that have been funded separately, include a second robot theatre for urological procedures, an additional fluoroscopy room, a new machine that delivers advanced radiotherapy for cancer treatment, and a new mortuary.

There are plans for a new two-theatre complex and ward block, a new endoscopy suite, and the first phase of the expansion of wards and the emergency department. These schemes will begin to complete from 2025, creating much needed additional capacity.

#### **3.81 Department of Health and Social Care funding**

The Trust has received confirmation from the Department of Health and Social Care (DHSC) of the provision of £110 million of capital funding. This is the money needed to enable the Trust to progress the clinical reconfiguration, detailed in the 2018 Your Care in the Best Place public consultation.

The formal agreement will see approximately £40 million of funding released to the Trust over the period until March 2025, allowing all remaining schemes in the programme to progress to Full Business Case stage. It will enable the Trust to deliver critical preparation works and then fully complete some elements of the build programme.

This funding follows the earlier funding announcement of £8 million in January this year, to improve and expand the emergency department at Southend Hospital. This £8 million was the first release of the previously agreed £118 million envelope.

To deliver these positive changes, there are now four distinct priority areas in the revised capital programme, which have been decided by clinical leaders, working closely with Integrated Care System partners. The priority areas of spend are:

- Emergency Department
- Cancer and elective care
- Bed capacity
- Costs to enable development of full business cases, enabling works and critical infrastructure improvements.

The Trust is aiming for the first four schemes to be delivered by 2025, with the remaining schemes being fully designed and developed to final business case stage by that same time. The Trust is working with DHSC and NHSE to ensure the delivery of the full £118 million programme by the earliest possible date.

### **3.82 Day Stay Unit**

A planning application is currently in progress to build a new surgical day unit, including extra beds, at Southend Hospital. An initial £25 million investment to finance this scheme has been secured from the NHS Targeted Investment Funds national funding allocation.

These facilities will increase capacity for planned day case surgical procedures, with 5,600 more procedures a year, helping to reduce waiting times for patients.

The application includes a three-storey building, which will contain two additional state-of-the-art operating theatres, as well as an enhanced procedure room, which enables patients to have treatments under a local anaesthetic. The unit will also have facilities for patients to be able to recover from their operation for up to 23 hours.

The unit will be used to deliver procedures across a broad range of clinical specialties, including orthopaedics, urology, gynaecology, ear, nose and throat, and oral surgery. A wider range of clinical services are also expected to be delivered in the building in due course. The facility is due to open during 2025.