

## Health Overview and Scrutiny Committee

### **Briefing Note: An update from Mid and South Essex NHS Foundation Trust**

**Purpose of the briefing note:** To answer previous questions from members and provide updates on operational data from Mid and South Essex NHS Foundation Trust

- 1.1 This briefing provides an update on topics of questioning from members at the previous HOSC meeting on 2 November 2023
- 1.2 Update on maternity action plan for CQC:

#### **Background**

In June 2022, the CQC inspected the three maternity services across Mid and South Essex NHS Foundation Trust's acute sites. In December 2022 the CQC rated the services as 'requires improvement'.

The Trust went through all the actions, which were 'must do' and 'should do' and prioritised those could be quickly improved. There are also weekly Maternity Improvement Programme meetings to keep the Trust on track with making the improvements.

The Maternity Improvement Programme (MIP) focuses on \*32 of the outstanding CQC actions and continues to drive towards the Trust Evidence Assurance Group process to sign off these actions when they are completed. Weekly site CQC meetings are in place to discuss with the heads of Midwifery, matrons, and Governance lead plans and progress, which is further overseen in workstream meetings.

**CQC Maternity Should Do's: 38 initially; 20 complete with evidence, 5 complete, 13 in progress. This covers Basildon, Broomfield and Southend sites.**

Domain	Blue (Complete with Evidence)	Green (Complete)	Yellow (in progress)	Total outstanding	Total of all CQC actions
<b>SAFE</b>	<b>6</b>	<b>1 (*CQC 7.3)</b>	<b>11</b>	<b>12</b>	<b>18</b>
<b>EFFECTIVE *</b>					
<b>RESPONSIVE</b>			<b>3</b>	<b>3</b>	<b>3</b>
<b>WELL LED</b>	<b>12</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>17</b>
<b>Total</b>	<b>20</b>	<b>5</b>	<b>13</b>	<b>18</b>	<b>38</b>

\*The previously listed Effective has been corrected and counted within Well Led.

A summary of the Must do actions is below. Actions have only been included for Basildon Hospital, as that is where most women and birthing people attend from Thurrock.

### **Completed actions**

- The report picked up on staff culture and working together effectively, this has been addressed now and the action is complete
- Levels of harm and incidents are now graded accurately. Staffing is reviewed regularly and any safety concerns raised at daily safety meetings
- All equipment is now checked and logged, and medicines are stored safely.

### **In progress**

- Mandatory training, appraisals, recording of medicines, staffing and record keeping are all in progress and are being improved
- The Trust's target is 85% for completion of mandatory training, and maternity teams are meeting this target. Record keeping is included in this mandatory training as is recording of medicines
- Appraisals are also improving with over 69% of appraisals now completed, and a plan for us to reach target by the end of March 2024.
- There has been successful recruitment of international midwives while the Trust waits for a pipeline of newly qualified midwives to join from Anglia Ruskin University, and are the Trust is almost up to its full establishment of staff
- The Trust will aim to improve continuously, and certainly to have addressed all the issues in full by the end of this financial year.

### **1.3 Estates and capital works**

This paper will report on:

- Overview of Trust estate
- Backlog maintenance
- Estates strategy and planning
- Capital resources

#### **1.31 Mid and South Essex NHS Foundation Trust overview**

The Trust formed in April 2020 following the merger of Mid Essex, Southend and Basildon Hospital trusts. It is one of the largest trusts in the country, with an annual turnover of £1.4 billion and which employs 16,000 staff. The Trust delivers services to a population of around 1.2 million across mid and south Essex, through over 1,700 in-patient beds and 64 theatres across the three main acute hospital sites. There are capacity issues across all acute sites, and mixed quality community premises.

The Trust estate covers:

- Broomfield Hospital 128,000 m<sup>2</sup>
- Basildon Hospital 137,000 m<sup>2</sup>
- Southend Hospital 93,000 m<sup>2</sup>
- St Peter's Hospital 9,000 m<sup>2</sup>
- Orsett Hospital 10,000 m<sup>2</sup>
- St Andrew's centre 500 m<sup>2</sup>
- + other community estate
- Total Trust estate = 397,000 m<sup>2</sup>

#### **1.32 The Trust's approach to estates strategy development**

The Trust estates strategy addresses the three key questions set out in the NHS estate's guidance 'Developing an Estate Strategy':

- Where are we now?
- Where do we want to be?
- How do we get there?

The Trust's response to these questions is framed by a number of specific challenges and considerations:

- Addressing the significant levels of critical backlog maintenance
- The significant impact on urgent and elective care pathways, cancer services, diagnostics arising from the growth and changing population demographic

- The impact in acute care of constraints in access to primary care and adult social care
- Intensified financial challenge - impact of inflation, constraints on capital funding, and achieving efficiencies in running costs
- Exploring opportunities to Section 106 and Community Infrastructure Levy (CIL) contributions for acute care
- COVID-19 – short-term impact on waiting lists and service delivery and the longer-term impact on the future development and design of the estate
- Digital technology – a challenge and an enabler. The pace of change outstripping the cultural change necessary to realise the benefits fully
- Increasing sustainability and reducing the environmental impact.

While there are risks identified for the purposes of audit and safety, the Trust works hard to maintain all of its estates to a standard that keeps our patients and visitors safe.

### **1.33 Current status of the Trust's estates**

There is a wide variation in the age and condition of Trust-owned estate. The Trust has significant levels of critical backlog maintenance, creating risk and impacting on functionality, service continuity and safety. There are also elements of poor statutory compliance and end-of-life and aged engineering systems.

Patients, visitors and staff can experience long waits to park, which has a knock-on impact to service delivery that is compounded by a lack of sustainable transport options. Across the estate there are examples of poor external circulation, signage, and public spaces, with improvements needed in energy performance. Alongside constrained sites and capacity issues, the Trust has a plethora of leases and freehold properties that need to be rationalised.

#### **A) Acute sites**

**Basildon Hospital** was built in 1973, covering residents of Basildon, Thurrock, and parts of Brentwood and Castle Point. It serves as a specialist site for cardiothoracic services through the world-renowned Essex Cardiothoracic Centre.

#### Key Issues

- Significant backlog maintenance
- End of life and aged engineering systems
- Poor energy compliance and resilience
- Lack of parking
- Poor external circulation and signage
- Number of temporary buildings
- Dispersed teams, creating barriers to effective working.

**Broomfield Hospital** was built in the late 1930s, with significant additions made in the 1970s, 1990s and 2000s. It covers residents of Chelmsford, Maldon, and Braintree (including Witham), serving as a specialist site for plastics and burns across Essex.

#### Key Issues

- Backlog maintenance issues
- RAAC - present in the roof of an area (3,562 m<sup>2</sup>) used for medical records storage and facilities management services
- Parking congestion.

**Southend Hospital** was built in the 1930s, with the addition of the tower block in 1971 and the Cardigan Wing in the 1990s. It covers residents of Southend-on-Sea, Rayleigh and Castle Point, and serves as specialist site for cancer services.

#### Key Issues

- Significant space constraints
- Significant backlog maintenance
- Failures in the heating system, external cladding, and routine lift failures
- Fire compartmentation breaches and poor fire dampers
- Degraded gas pipework
- High-risk asbestos removal
- Poor electrical resilience.

## **B) Non-acute sites**

### **St Peter's Hospital, Maldon**

- Built in the 1870s, the building has grown incrementally over the years with a variety of extensions having a wide range of building styles and ages
- Significant backlog maintenance - the six-facet survey completed in January 2022 graded the overall condition of the site as poor with 76% of the internal area exhibiting defects, 52% of which is high-risk when viewing condition backlog costs by risk.

### **Brentwood and Braintree PFIs**

- **Brentwood Community Hospital:** PFI built in 2007-8. It is managed by NHS Property Services. There is a 30-year lease, providing inpatient, outpatient and diagnostic services.
- **Braintree Community Hospital:** PFI lease that expires in January 2040. The premises return to the Trust in its entirety on expiry of the lease. It provides inpatient, outpatient and diagnostic services.

## **C) Other community sites**

Freehold:

- St. Andrew's, Billericay

Leased:

- Eastgate Shopping Centre
- Victoria Shopping Centre
- Britannia Park, Southend
- Fairfields, Chelmsford
- Canvey Primary Care Centre
- Tyrells, Southend
- Lighthouse Centre, Southend
- Balmoral Road, Southend
- Castle Road, Rayleigh
- Wren House, Chelmsford
- Greenbury House, Chelmsford

### **1.34 Orsett Hospital**

- Developed circa 1960 and has since decreased in overall size. Some extensions and refurbishment in the 1970s and 1980s
- Significant backlog maintenance – the six-facet survey completed in January 2022 graded the overall condition of the site as poor with 76% of the internal area exhibiting defects, 56% of which is high-risk when viewing condition backlog costs by risk
- Identified for disposal in Sustainability and Transformation Programme – the NHS in mid and south Essex has committed to maintaining the site until services can be decanted locally.

### **Strategic considerations**

We acknowledge the challenges around affordability of the Tilbury and Purfleet Integrated Medical and Wellbeing Centres (IMWCs) and this will inevitably impact our plans to some extent for re-location of services from Orsett Hospital. However, the majority of services at Orsett Hospital have always been planned to be re-provided at Grays and we remain committed to developing proposals for this site.

The benefits of co-location of services remains clear, with the new Thurrock Community Diagnostic Centre (CDC) opening on the Grays IMWC site in late 2024; and providing improved buildings for our patients is also hugely important to us. The Thurrock CDC is not an alternative to the IMWC at Grays. Any activity that can no longer be provided at the Tilbury and Purfleet sites will remain within Thurrock and we will seek to explore alternative options to deliver this. Clearly each service move is likely to require capital funding and until this funding is available, services will remain where they are currently based at Orsett Hospital.

Mid and South Essex NHS Foundation Trust and Mid and South Essex Integrated Care Board remain committed to retaining local services in Thurrock and until suitable alternative provision can be realised, Orsett Hospital will remain open to facilitate this.

### **1.35 Backlog maintenance**

A detailed six-facet survey was undertaken in 2021-22 to evaluate the estate. The results demonstrate that the physical condition and statutory compliance standards of the estate present a significant risk of deterioration. There are currently insufficient local capital funds available for backlog maintenance to bring the estate portfolio up to required standard or fully mitigate all risks, and the physical condition and statutory compliance standards continue to deteriorate further year by year due to lack of resource to fully support necessary capital and lifecycle maintenance.

The Trust works hard to maintain services and estate and ensure they are safe for patients to attend and use. However, below is the total cost of tackling the backlog maintenance issues at each site, as identified in the six-facet survey completed in January 2022:

<b>Backlog overall risk summary costs</b>						
<b>Risk Category</b>	<b>Basildon</b>	<b>Broomfield</b>	<b>Southend</b>	<b>Orsett</b>	<b>St Peters</b>	<b>All Sites</b>
Low	2,062,800	300,000	1,553,200	180,445	172,140	<b>4,268,585</b>
Moderate	14,219,930	5,580,700	20,585,537	1,716,665	727,103	<b>42,829,935</b>
Significant	10,489,893	4,989,200	13,214,353	1,385,005	2,962,333	<b>33,040,784</b>
High	3,313,000	452,000	2,250,000	4,118,154	4,127,028	<b>14,260,182</b>
<b>Total</b>	<b>30,085,623</b>	<b>11,321,900</b>	<b>37,603,090</b>	<b>7,400,269</b>	<b>7,988,604</b>	<b>94,399,486</b>
<b>Condition backlog maintenance works costs by area</b>						
	<b>Basildon</b>	<b>Broomfield</b>	<b>Southend</b>	<b>Orsett</b>	<b>St Peters</b>	<b>All Sites</b>
Building	14,280,450	2,806,950	19,745,750	3,386,385	7,092,982	47,312,517
M&E	3,256,050	1,335,150	4,640,350	893,860	725,120	10,850,530
Statutory compliance	9,850,680	5,397,650	10,436,487	2,728,900	138,620	28,552,337
Fire Safety	2,698,443	1,782,150	2,780,503	391,124	31,883	7,684,103
<b>Total</b>	<b>30,085,623</b>	<b>11,321,900</b>	<b>37,603,090</b>	<b>7,400,269</b>	<b>7,988,604</b>	<b>94,399,487</b>
<b>Condition future planned costs for future maintenance works (5 years)</b>						
	<b>Basildon</b>	<b>Broomfield</b>	<b>Southend</b>	<b>Orsett</b>	<b>St Peters</b>	<b>All Sites</b>
Building	6,000,900	5,068,000	6,875,625	741,378	2,017,376	20,703,279
M&E	4,738,950	9,814,850	5,581,700	1,107,346	2,494,228	23,737,074
Statutory compliance	0	0	0	0	0	0
Fire Safety	0	0	0	0	284,052	284,052
<b>Total</b>	<b>10,739,850</b>	<b>14,882,850</b>	<b>12,457,325</b>	<b>1,848,724</b>	<b>4,795,656</b>	<b>44,724,405</b>
<b>Combined total costs</b>	<b>40,825,473</b>	<b>26,204,750</b>	<b>50,060,415</b>	<b>9,248,993</b>	<b>12,784,260</b>	<b>139,123,892</b>
<b>Combined inc. on costs</b>	<b>64,095,993</b>	<b>41,141,458</b>	<b>78,594,851</b>	<b>14,520,918</b>	<b>20,071,288</b>	<b>218,424,508</b>

### 1.36 Where does the Trust want to be?

The Trust's estates objectives include:

- Generic, fit-for-purpose estate, capable of supporting diverse activity and being sustainable and digitally enabled
- Reduce the critical backlog maintenance
- Improve efficiency and effectiveness by maximising the benefits of digital technology and fully using all clinical and non-clinical space.
- Dispose of assets that do not meet the criteria of modern standards for clinical service delivery
- Estate that complies with performance and quality standards and adheres to net-zero carbon principles
- One Public Estate – optimising opportunities to support new models of care as part of a coordinated approach to deliver care closer to home.



The following have been considered when working towards achieving these objectives:

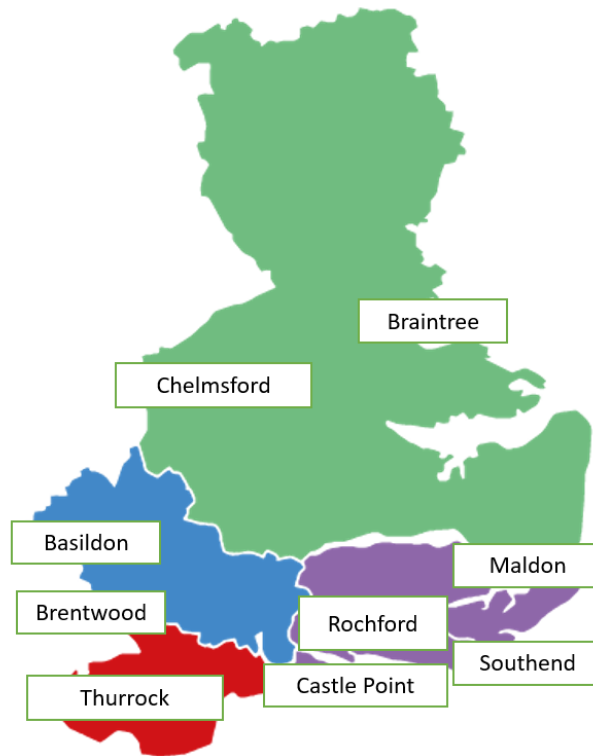
- System allocated funding – Capital constraints and affordability
- Service and clinical priorities – the impact on the estate of any proposed changes
- Activity – key activity and capacity planning metrics, including population growth and demographic changes
- Bed occupancy, average length of stay, theatre use and how many sessions take place
- Outpatient department use – the impact of virtual clinics
- Space occupancy – including the needs of an agile workforce
- Levels of critical backlog maintenance.

### 1.37 Local planning – impact on acute services

- It is important to understand the consequential impact of population growth and demographic changes as planning policy has a direct impact on health service demand
- The Government’s standard methodology, adopted in 2018, calculates an annual housing requirement for each local authority. If met in full, 6,827 houses would be built across mid and south Essex per year, or 34,135 over five years. When multiplied by the average household size in each district this equates to a potential population increase of 81,926 across mid and south Essex
- Recognising that this may be an over-estimate, as the housing requirements are often not met in full, a comparative projection using ONS household data reflects a population increase of 46,000 across mid and south Essex between 2024-2029
- Therefore, the growth in the local population is anticipated to fall between the two projections.

Five year growth projections		
	Based on housing requirement	ONS Projection
Local Authority	Five year projection	Population change 2024-2029
Basildon	12,492	8,000
Braintree	10,224	5,000
Brentwood	7,248	4,000
Castlepoint	4,224	2,000
Chelmsford	11,340	6,000
Maldon	3,780	2,000
Rochford	4,320	3,000
Southend	13,536	7,000
Thurrock	14,763	9,000
<b>Total</b>	<b>81,926</b>	<b>46,000</b>

In addition to the impact on services, key worker accommodation and acute healthcare, provider access to Section 106/CIL contributions are key considerations.



### 1.38 How do we get there – delivery across four key areas

- Mid and South Essex NHS Foundation Trust local and national strategic objectives
- Mid and South Essex Integrated Care System objectives
- A programme of work funded through capital investment, commercial opportunities and alternative funding sources
- Ongoing planned preventative maintenance works

### Delivering mid and south Essex local and national strategic objectives

The core principles of estates development and the clinical principles set out in the Trust's Merger Business Case, which formed the basis of the public consultation, remain.

- Principle 1 – Emergency Departments will remain at each acute site, and Emergency Care Hubs will be established
- Principle 2 – Consolidation of certain specialist inpatient services
- Principle 3 – Consolidation of specialist emergency services, for example, stroke
- Principle 4 – Separation of emergency and elective care
- Principle 5 – Care moved closer to the patient's home.

### Clinical principles

- Reorganise acute hospital services to provide high-quality, safe care, focused on consolidating more specialised services in one place,

separating emergency and elective care where appropriate and enabling the provision of some services to be provided more locally, closer to where people live

- Build capacity outside the hospital organised around natural communities (Localities).
- Manage demand across primary, community and acute settings via a step-change in prevention, developing integrated pathways and strengthening capacity in the urgent and emergency care pathway.

### **1.39 Capital investments**

#### **A) Acute clinical reconfiguration investment - £118 million**

- 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 2023, 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, and to account of the inflationary impact of the affordability of the original capital schemes, there are now four distinct priority areas in the revised capital programme. These have been decided by clinical leaders, working closely with Integrated Care System partners, and are:

Emergency Department schemes at all three sites:

- Includes phase 1 and 2 for Southend ED
- Works at Basildon and Broomfield to support modernisation of the departments and appropriate capacity

Elective schemes – Basildon and Southend:

- Modernisation of theatres and development of a day unit/23-hour facility at Basildon
- Modernisation of the endoscopy suite to support JAG accreditation\* and theatre refurbishment at Southend Hospital

Bed capacity:

- Renal ward reconfiguration and infrastructure at Basildon Hospital

- Ward capacity and shell space at Southend Hospital
- Improvement of environment and refocusing wards to enable additional ward capacity at Broomfield Hospital.

Enabling works and infrastructure:

- £6.1m for early enabling works to include infrastructure, decant and demolitions
- Estimated £7.8m further infrastructure work across schemes.

#### **B) Community diagnostic centres (CDCs)**

- There is further capital investment through CDCs in Thurrock, Braintree, Pitsea and Southend.

#### **C) Targeted Infrastructure Funding for a new 23-hour surgical unit in Southend**

- The Trust has been allocated £23 million of national capital funding to deliver this facility on the Southend Hospital site, allowing us to meet future elective activity demands and repatriate local activity that the system is currently unable to deliver.

#### **D) Capital departmental expenditure limit (CDEL) funded capital programme asks**

- Board Assurance Framework risk
- Critical risk priorities remain unfunded
- Critical risk backlog maintenance
- Medical equipment replacement
- Orsett Hospital

### **2.0 Operational update from the Trust**

#### **2.1 Industrial action**

- Staff continue to work hard to provide patients with the best possible care during the ongoing industrial action
- Wherever possible, elective activity (both outpatients and inpatient) continues – especially in high-priority services for example, cancer treatments. Where cancellations happen, most patients are given another appointment close to their original date

#### **Cancelled activity**

- We have faced a year of industrial action and the Trust has had to cancel around 31,000 outpatient appointments since industrial action began in April, including new and follow-up outpatient appointments, as well as approximately 4,450 inpatient and day case surgeries
- As a result of the latest December industrial action (as at 20/12/23) around 120 inpatient and day case surgeries and 830 outpatient appointments have had to

be cancelled. But we will also have not booked patients in knowing that we can't fulfil the appointments during strike periods so the impact is likely to be higher. The full impact of the January industrial action is yet to be determined.

- This has had a negative impact on the Trust's ability to reduce waiting times for treatment in some areas, particularly in general surgery, ear, nose and throat, urology, gynaecology and trauma and orthopaedics.

### **Impact on cancer care**

- A very small number of cancer treatments have sadly had to be delayed, affecting 458 inpatient and day-case surgeries since April
- Cancer-related appointments made up 10% of all cancelled appointments. These appointments and surgeries are prioritised for rebooking at the earliest opportunity. This decision has not been made lightly and clinicians will review the patient's level of clinical need before making any decision to postpone.

## **2.2 Urgent and emergency care**

- The Trust is working to a national target to have as a minimum 76% of patients seen and treated within four hours in the emergency department (ED) from March 2024. The Trust will strive to better this number, with the ambition to treat patients quickly, recognising that faster emergency care supports improved patient outcomes.
- Performance was 65.8% in November, down slightly from 66.3% in October. 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.
- The Trust has in place an urgent and emergency care improvement programme that is seeking to improve performance and governance across its EDs, along with winter resilience plans that are making sure that rotas and staffing levels are appropriate for patterns of demand
- New streaming processes are in place for when patients arrive, making sure they are treated in the right place first time. At Basildon Hospital frail patients are assessed to avoid admission where appropriate
- The Trust is making the best use of same-day emergency care services, with a focus on frailty. 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
- A decision has been made to increase the medical establishment (the number of substantive medical staff) by 101 doctors in medicine across the Trust, to meet the demand and reduce reliance on short-term agency staffing.

## **2.3 Ambulance handovers**

- 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.
- A very high number of patients are arriving at the Trust's EDs, and ambulance arrivals have increased from 4,642 in November 2022 to 6,815 in November 2023, a rise of 46.8%. Despite this, the time it takes an ambulance to hand a

patient over to the ED has fallen from an average of 77 minutes in November 2022 to 26 minutes in November 2023. However, in December this had worsened to 38 minutes.

- In November 2023, 79% of ambulances handed over in under 30 minutes, up from 75.7% in October, and 39.5% handed over in under 15 minutes, up from 38% in October. The plan is to achieve and maintain 90% of patients handed over within 30 minutes. Ahead of the Christmas period the Trust took extra steps to improve length of stay and ensure there was capacity in the EDs for offloading ambulances, so performance can be restored and the public reassured.
- 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.

## **2.4 Cancer performance**

- The Trust has a target that 75% of people are seen within the 28-day faster diagnosis standard by March 2024. Performance was 60.3% in October, which has been affected by industrial action and higher demand, as it was nationally
- 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. At the end of November there were 699 patients waiting over 62 days, which is 189 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 tele-dermatology, 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: patients are now seen more quickly, with an improvement in the faster diagnosis standard of 6% from August-October 2023
  - 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.

## **2.5 Elective care and referral to treatment**

- 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 cohort number fell from 90,000 patients in April 2023 to 13,000 patients in November
- Nationally, the total NHS waiting list for elective treatments has been growing since the pandemic.
- The total waiting list at the Trust is 162,000, down from 191,000 in September. The Trust has been validating its waiting list, meaning some patients have been discharged, which releases appointments for those in need of care.

- Specific specialties with risks are plastics and breast reconstruction surgery, allergy, oral surgery, and ear, nose and throat (ENT). Breast reconstruction is a highly specialist area where there is no further capacity elsewhere. For allergy, the Trust has access to 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
- 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
- New models of care are being developed in a range of specialties through the Trust's outpatient transformation programme. 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 further 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.

## **2.6 Diagnostics**

- 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 November this was achieved for 70.9% of patients, down slightly from 71.2% in October
- 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. Challenges remain in radiology through increased demand, sickness and vacancies
- 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) and temporary mobile facilities 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
- Recognising the need to reduce the backlog of ophthalmology appointments, the Trust is planning to open a one-stop shop diagnostics hub for ophthalmology, temporarily based at Orsett Hospital which will focus on supporting glaucoma and medical retina checks. Once diagnostics have taken place, patients will be reviewed virtually, reducing the need for them to come to the hospital and freeing up consultant capacity. The Trust expects this to begin in the spring.

## **2.7 News and developments**

- Florence Hammond, a Basildon Hospital Gastrointestinal (GI) Advanced Practitioner with over 25 years' experience, was named Radiography Professional of the Year for the Eastern region at the Radiography Awards because of her outstanding work leading the GI Fluoroscopy service
- Professional musicians playing for patients at Basildon have been helping to improve their experience in critical care. String instruments like the lute and violin have been played to over 100 patients to see if they help reduce stress levels

and inspire calm through the power of music. A relative of a patient said: “This had a very calming effect for me and my mother. Keep the music coming.”

- The Critical Care Outreach team at Basildon Hospital have received three Oxygen Venturi Airvo devices that are being used for patients needing extra warmed and humidified oxygen for respiratory support. This was made possible thanks to the League of Friends voluntary group, that run a tea bar at Basildon Hospital and raised £9,000.

### **3.0 Phlebotomy**

#### **3.1 Service overview**

Pathology First, a joint venture between Synlab and Mid and South Essex NHS Foundation Trust, has been providing a community phlebotomy service across Basildon, Thurrock and Southend since the contract was awarded in 2014.

Pathology First phlebotomy services are delivered from the following locations in Thurrock:

- Corringham Integrated Medical and Wellbeing Centre, The Sorrells, Corringham, SS17 7ES – Monday - Wednesday, 8:30am-3:30pm with 62 pre-booked appointments
- Thurrock Community Hospital, RM16 2PX- Tuesday to Thursday 7.10am-3.45pm
- South Ockendon Health Centre, Darenth Lane, South Ockendon, Essex RM15 5LP – 8.10am-12pm and 12.30pm-3.45pm
- Orsett Hospital – three chairs, five days a week, with a new oncology phlebotomy service that is a same-day queue service open five days per week from 8am-3pm.

NELFT also provide phlebotomy services to the Thurrock community at the following locations:

- Thurrock Community Hospital – two chairs, daily from 9am-12pm, walk-in service, averaging 150-200 patients seen a week
- Brentwood Community Hospital – appointment-only 8am-4pm. 70 booked appointments a day and recently introduced 10 same-day bookable slots per day to allow for those with urgent blood forms  
Corringham Integrated Medical and Wellbeing Centre, The Sorrells, Corringham, SS17 7ES – Thursdays 9am-12pm and 12.30-3.30pm walk-in service.

There are also several GP surgeries in Thurrock that provide in-house phlebotomy services through a locally enhanced service agreement with the Integrated Care Board (ICB).

#### **3.2 Service delays and improvements**

Delays in appointments have been due to a mixture of a rise in demand and a high number of ‘do not attends’ (DNAs) to appointments booked. In 2020 there were 30,000 phlebotomy appointments per month, which rose to 45,000 in 2022, a rise of



66%. In November 2023, there were 2,955 appointments lost to patients not attending their appointment, of which Thurrock accounted for 10.2%, which was the second highest of all locations where community phlebotomy is delivered within mid and south Essex.

To help reduce the times that patients are waiting for their blood tests, the Trust is working with Pathology First to review and improve the service. Pathology First now has a dedicated improvement team to oversee and take actions and have already made several improvements. The Trust continues to work closely with Pathology First to oversee these improvements, which are monitored through formal contract meetings.

Improvements include:

- The Thurrock Community Hospital clinic run by Pathology First has had its opening hours to patients extended from 7am-1pm to 7am-3.45pm, from Tuesdays to Thursdays. This has provided an extra 45 appointments per week
- The service at Orsett Hospital is provided on both an appointment and same-day queue basis. There has been a recent service review and a new oncology phlebotomy service started running from December 2023. This service is a same-day queue service and is open five days a week, from 8am-3pm, which is providing an extra 40 appointment slots per day
- Capacity at the clinic in Corringham Integrated Medical and Wellbeing Centre has been reviewed and increased
- Pathology First are continuing to offer additional clinic hours as staffing allows in Basildon and Orsett hospitals
- The laboratory staff at Basildon Hospital have also been trained in phlebotomy to allow clinic phlebotomists to be released to provide services on hospital wards.

### **3.3 Responses to questions at November 2023 HOSC meeting**

#### **How phlebotomy services in Thurrock compare to elsewhere**

- The Trust is working to meet the growing demand for phlebotomy appointments in Thurrock, with approximately 2000-2500 non-urgent phlebotomy appointments offered each day through Pathology First. There are different types of appointments, including:
  - Non-urgent appointments: booked online via SwiftQueue or over the phone
  - Urgent blood tests requested by a GP
  - Same-day queue or walk-in appointments: these are for hospital-based patients, but a few appointments are provided for patients with urgent GP referrals. These are available at either the Basildon Hospital or Orsett Hospital Outpatients departments.
- At Thurrock Community Hospital phlebotomy services are also provided by North East London NHS Foundation Trust (NELFT). Pathology First do not provide a domiciliary phlebotomy service in Thurrock as this service is provided by NELFT.

- Overall, services are comparable across mid and south Essex with minimal variation.

#### **Availability of same-day or walk-in appointments**

- These are available at either Basildon Hospital or Orsett Hospital Outpatient departments. Ten additional appointments have been added each day at both sites which are already available to patients to increase capacity. This is also available in the Southend Victoria Shopping Centre and waits in both centres are similar.

#### **Do Not Attend (DNAs)**

- A variety of causes can be recognised as the contributors to the high numbers of no-shows. Higher DNAs are mostly occurring on Saturday evenings. Multiple bookings made by same patients and GPs requesting tests sooner than the minimum test interval are also adding to the DNA numbers. This is being investigated further, on which the Trust will provide a further update
- Pathology First continues to produce communication materials to inform patients to reduce the prevalence of DNAs. Regular newsletters are also being sent to GPs to encourage them to raise awareness among patients about DNAs.

**For any questions regarding this briefing note, please contact:**

**Name:** Mid and South Essex NHS Foundation Trust

**Telephone:** 01268 524900 ext 2992

**E-mail:** mse.communications@nhs.net