Council of Governors

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East Suffolk and North Essex
NHS Foundation Trust

Chief Executive Report
3 June 2021

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Chief Executive, ESNEFT

Three themes

East Suffolk and North Essex NHS Foundation Trust

- Accelerator site
- Community diagnostic hubs
- Update on North East Essex Community Health Services

What is an accelerator site?

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- Our integrated care system Suffolk and North Essex ICS – is one of the pilot sites to receive additional funding so that we can treat our patients more quickly
- We have been awarded £10 million as a system to help lead the recovery of routine NHS services
- As a result of the extra funding, more patients will receive access to faster treatment for elective care procedures from teams of hard-working, dedicated healthcare professionals from across the system
- Learning on what worked well in Suffolk and North East Essex and the other 'elective accelerator' sites, a plan for elective recovery will be produced which will be used across the country

What will this mean?

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Being an accelerator site will:

- Benefit our local population – Suffolk and North East Essex Integrated Care System
- Reduce waiting times, especially for those waiting over 52 weeks for treatment. Regionally a target of 98 weeks is likely to be proposed and the national target is likely to be 104 weeks
- Increase elective capacity for inpatient, day case and outpatient services
- Help us to achieve recovery of capacity to 100% of pre-pandemic activity by July 2021 (baseline of 2019/20)
- And to achieve 120% by September this year

Changing the way we provide treatment and care - transformation

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- Working with the NHS national team on outpatient transformation including asking patients if they want to have a follow-up appointment to get in touch by giving them a blue card, giving advice and guidance, risk assessing patients before inviting for follow-up appointments and expanding the use of virtual clinics and good news letters
- Streamlining the way we run pre-operative assessment clinics so that it is easier for patients. This work includes looking at booking pathways, completing data analysis and defining the current pathways
- Introducing a system for virtual pre-operative assessment – a project is underway and initial rollout should be September
- Using elective recovery funding (ERF) to tackle health inequalities. Working to take services into our most deprived communities, eg using the vaccination bus as an 'ophthalmology bus' - complete with a slip lamp - to visit communities and to diagnose eye problems

Productivity

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- Improving our pathways for high volume and low complex procedures using the 29 national ‘Get it right first time’ pathways (GIRFT) to make sure we are following national best practice
- Taking part in a national programme to introduce system-wide seamless care for patients in cardiology, eye care and orthopaedic services beginning in June
- Theatres optimisation workshop held in May with clear actions to improve theatre productivity
- Completing clinical reviews of every patient on our waiting lists utilising national clinical prioritisation guidance
- A further event is planned in June for outpatient optimisation

Theatre optimisation

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- Additional and extended clinics and theatre lists
- Super weekends – to increase outpatients throughput
- Vanguard Theatre Unit (mobile theatre) based on the Ipswich Hospital site providing 3 months of additional theatre capacity for West Suffolk Hospital and 9 months for ESNEFT
- Working in partnership with the independent sector with additional activity to be undertaken at the Oaks Hospital from April and at the Nuffield Hospital from July
- Using an external organisation to ‘insource’ care within our services
- Creating an expanded bed base by turning a non-clinical area into a clinical space

Community Diagnostic Hub (CDH)

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CDHs are expected to provide:

- **Imaging**: CT, MRI, ultrasound, plain X-ray
- **Physiological measurement tests** – for respiratory and cardiovascular conditions
- **Pathology:** Phlebotomy, simple biopsies, NT-Pro BNP, urine testing and D-dimer testing
- **For larger CDHs only – Endoscopy services** including gastroscopy, colonoscopy and flexi sigmoidoscopy

Community Diagnostic Hub (CDH)

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The drivers for CDHs are:

- Improvement of population health outcomes
- Increasing diagnostic capacity
- Improving productivity and efficiency of diagnostic activity
- Contributing to reducing health inequalities
- Delivering a better, more personalised, diagnostic experience for patients
- Supporting integration of care across primary, secondary and community care

Submitted a proposal for CDHs in May (as Suffolk and North East Essex ICS)

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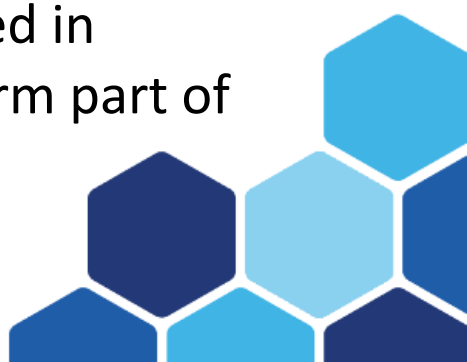
This proposal set out:

- A desire to establish a CDH in the longer term within North East Essex, Ipswich & East Suffolk, and West Suffolk locations
- A plan to provide an early-adopter CDH at Clacton Hospital in Tendring (North East Essex) from July 2021
- Clacton CDH will transform from ‘early adopter’ to ‘full CDH’ later in 2021. Both phases require revenue and capital funding
- CDH locations for Ipswich and East Suffolk, and West Suffolk are not yet confirmed, and these locations will be identified in collaboration with system partners and are likely to form part of business cases in the Autumn of 2021/22



Our immediate next steps for implementing CDHs

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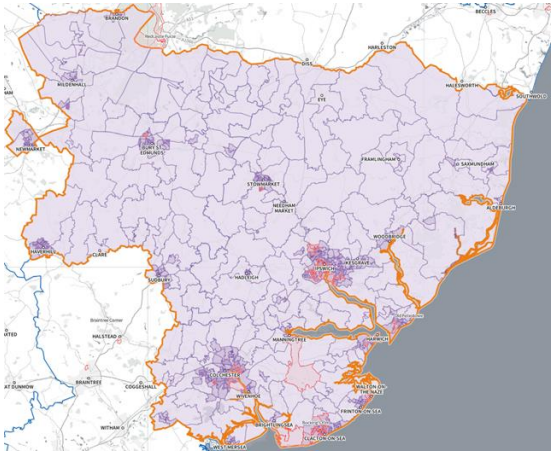
- A mobilisation group has been established to drive the delivery of CT and MRI provision in Clacton from July 2021, with enhanced X-ray, Ultrasound and Phlebotomy services – longer opening hours and weekend access
- The development of a business case for capital funding for the Clacton CDH – to move to a 'full adopter' later in 2021
- To work with partners to identify locations for other CDHs in the ICS, and develop relevant business cases
- Await feedback from NHS England and NHS Improvement on our proposals to date, expected by the middle of June 2021

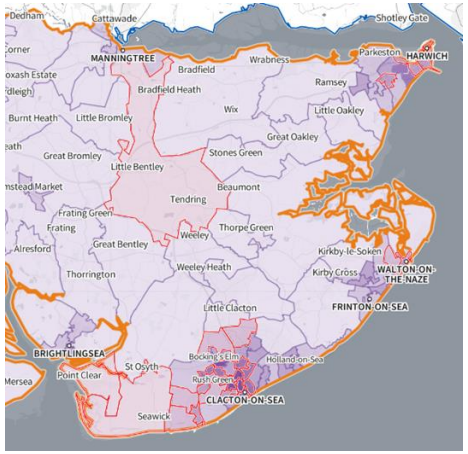
Community Diagnostic Hubs (CDHs)

Why Clacton for the first proposed CDH? Equality, access, site availability and demand

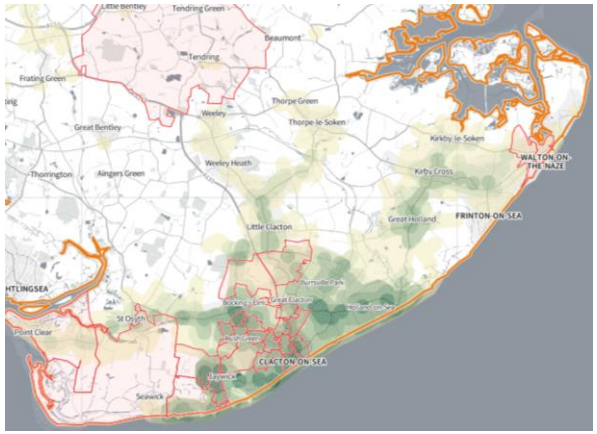
The selection of Clacton Hospital is driven by the combination of high deprivation and population density (Source: NHS Shape Atlas):



Clacton combines high deprivation with high population density



Public transport access to Clacton Hospital is good for most of the high-deprivation areas in coastal Tendring – and Clacton Hospital has space to accommodate a CDH



Public Health England Profile for Tendring is outside of range (worse) for both male and female life expectancy; under 75 mortality rates from cardiovascular disease and cancer, including one of the worst suicide rates in the region.

Indicator	Period	Tendring			Region	England	England		England
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male)	2017 - 19	–	-	78.2	80.5	79.8	74.4		84.9
Life expectancy at birth (Female)	2017 - 19	–	-	81.7	83.9	83.4	79.5		87.2
Under 75 mortality rate from all causes	2017 - 19	–	1,937	387	298	326	548		208
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	–	405	78.9	62.9	70.4	121.6		39.8
Under 75 mortality rate from cancer	2017 - 19	–	719	136.3	122.6	129.2	182.4		87.4
Suicide rate	2017 - 19	–	67	18.8	10.5	10.1	19.0		4.9

NEE Community Health Services (1)

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- Delivery of the Live Well agenda using a whole system approach
- In co-production and with investment, tackle the wider determinants of health in an asset-based community development approach
- Ensure resilience, sustainability and effectively manage risk across the system
- Using Population Health management techniques to drive decision making
- Flexibility to develop and divert a range of services, eg Primary Care Network development, co-existing services

NEE Community Health Services (2)

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- Acceleration of People Plan – focus on attraction, retention and agility of a workforce and research/design capability across the NEE system
- Value for money in terms of consolidating and maximizing capability and resources
- Endorsing the principle of subsidiarity, ensuring local people have a meaningful say in their services which supports local delivery of improved health outcomes

Mobilisation end of June

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- Refine operating model underpinned by detailed financial, income & contracting schedule
- Clinical priorities
- Corporate support
- CQC and other regulator compliance
- Review of totally of IM&T infrastructure
- Communication plan including “identity”
- TUPE transfer of staff including on-boarding and wellbeing
- Agree estate usage and opportunities with NEE Alliance partners
- Conclude terms of engagement with delivery partners and key stakeholders
- Contractual agreement
- Post transactional implementation plan