

CONSTITUTIONAL STANDARDS PERFORMANCE

FOUR HOUR TARGET AND ED PERFORMANCE

This has represented a challenge for the trust this year. With a regional and national context of ever-increasing pressure on emergency services, it is unquestionably the case that this has been one of the most difficult areas of our performance.

It was an exceptionally busy winter particularly, with very high attendances throughout and continuing to the end of March. At times we were seeing around 900 attendees a day at our Emergency Departments.

We continued to see very high numbers of patients transferred via ambulance – once more Queen's Hospital saw more ambulances than almost any other hospital in London.

We also continue to notice an increase in acuity. Patients are sicker, and are staying longer.

Staffing, particularly in our Emergency Departments, also continues to be a significant issue. We are routinely in a position where we have to turn to agency staff to fill rota gaps. We know that this impacts upon our ability to see and treat patients efficiently.

As a result, we have not hit the constitutional standard of treating, admitting, or discharging

95% of patients within four hours this year. We received regular visits from the CQC, NHS England and NHS Improvement, particularly over the busy winter period, and the consistent feedback was that we continue to provide good quality care, which was pleasing.

However, we accept that we are not providing the level of service that we should. With the pressure seemingly set to continue, this will be one of the top operational priorities for the year ahead, across our Trust.

CAPITAL INVESTMENT – ENHANCED URGENT CARE CENTRE (EUCC)

The Department of Health invited applications from trusts to bid for capital funding to invest in key changes to facilitate new ways of working to assess and stream patients.

We prepared a bid which set out the key changes we would seek to make to the layout and configuration of the Emergency Departments at Queen's and King George hospitals.

We were delighted to complete our EUCC project at Queen's Hospital on schedule, opening in January 2018.

The project entailed the reconfiguration of much of the wider space in and around the reception and waiting area, and moving the entrance to our Emergency Department. It required the movement of several teams to other areas of the hospital and was no minor undertaking, but we are pleased with the new environment and the improved accessibility to key services to help our patients more quickly.

We now have a new reception, with better private areas for initial assessments; more private consultation rooms – with walls and doors, not just curtains to separate them; and a number of services, such as blood tests and x-rays, are available in one place so patients aren't sent from department to department, having to find different areas across the hospital.

While there were some challenges in implementing some of the care pathways since the EUCC opened, we have now worked through them to ensure all patients receive the most appropriate treatment effectively.

We are now preparing to undertake improvements at King George which will be completed in 2018/19.

OUTPATIENTS

There were nearly 740,000 outpatient appointments last year. Across both hospitals that's more than 2,000 a day. We also handle around 6,000 telephone calls to our appointments centre each week.

We have made some positive changes to our Outpatients team which have had impacts for our staff and our patients. We introduced a new senior team structure to improve the management of our Outpatients service, and to ensure that patient experience, quality of care and staff engagement are top priorities.

SERVICE IMPROVEMENTS – TEXT MESSAGING, BOOKINGS AND OUTCOME FORMS

In November 2017 we introduced the Envoy text messaging system to improve our contact with patients and to reduce the numbers of patients not

attending appointments. The service is a two-way system that sends a reminder a week before an appointment reminding them of the date, time, site and team.

Another reminder is sent 48 hours before. The patient can confirm, rebook or cancel via text, so this flags the team in the booking centre who can attempt to rebook and fill any gaps.

This has had a positive impact on reducing the numbers of patients who Did Not Attend, along with our appointment of Hybrid Mail – a third party which is ensuring more of our letters reach our patients, guaranteeing they receive them.

We continue to feel the benefit of the booking system brought in last financial year, which helps ensure the right information is populated on the system and the right rooms are booked for clinics, reducing delays and confusion.

We have also made good progress on improving how we complete and distribute outcome forms from our outpatient clinics. These forms detail the necessary follow up actions for patients and any further referrals.

It's really important that we process them quickly and accurately, and we've made good changes to our processes on that front this year to ensure we are also getting accurate information to our Clinical Commissioning Groups (CCGs) about our numbers of patients, thereby ensuring we are giving an accurate picture of our levels of activity.

