

# PERFORMANCE REPORT

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# WHERE HAVE WE BEEN?

Since last met, Covid-19 pandemic hit us - incredibly challenging times for all of us, professionally and personally

Staff have done an outstanding job in rising to the challenge

To mitigate spread of the virus in our hospitals, keep patients and staff as safe as possible, and to help support them emotionally:

- All but the most urgent services suspended in our hospitals
- Trauma care and cancer treatment moved to the independent sector; took over North East London Treatment Centre plus use of Spire East London and Hartswood
- Converted thousands of face to face clinics to phone clinics
- Increased our critical care capacity five-fold and set up a renal dialysis unit in 10 days
- Staff retrained and redeployed to support teams such as critical care
- Developed a comprehensive wellbeing package for staff including psychological support in person and over the phone from a team of psychologists
- Delivered more than 1,000 'Thinking of You' messages to patients.
- Worked closer than ever with system colleagues to support patient pathways eg increases in community beds

Huge thank you to our Scrutiny colleagues, other key stakeholders and residents for their overwhelming support – and keeping us in Easter eggs, pizza and curry!



# WHERE ARE WE NOW?

- Pausing services, and re-instating services, has been, and continues to be, dictated by national infection prevention and control (IPC) guidance, which is constantly updated as we learn more about the virus
- We have started bringing back services as and when safe to do so - phased approach
- Due to the pathways we need to follow under IPC guidelines, the pace of this is slower than we would ordinarily like
- It can also mean some services may need to be delivered from different locations to prior to the pandemic
- Complex and complicated – need to ensure services are sustainable during further peaks – living with Covid for many months to come
- Started with King George as easier to set up green pathways
- Endoscopy up and running at Queen's; now looking at phasing in planned care at the site, particularly surgery
- All patients under our care are now able to have their blood tests at our hospitals and children under 12 continue to be seen
- Focus on supporting staff wellbeing – it's been very traumatic and we need to make sure we care for them and ensure they are fit and well as we move into winter and possible future waves



# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Emergency Department (ED) attendances

Key Metrics	July 2020	Queen's	King George	National Target
<u>ED Performance</u>				
All Types	63.44%	72.50%	89.30%	95%
Type 1 only	78.33%	49.60%	83.87%	95%



# FOUR HOUR EMERGENCY ACCESS STANDARD – GETTING BACK ON TRACK

## The position

- Emergency Department attendances significantly reduced during the peak; have started to increase but not back at previous levels
- Disappointed that our performance is not where we know it should be
- Need to tackle the issues and get back on track
- Crowding and capacity issues continue to be an issue at Queen's

## Getting back on track

- Launch of same day emergency care unit – offers diagnostics and specialty response to avoid unnecessary admissions
- Re-opened the frailty unit at King George Hospital
- Developed a robust and detailed programme of work to tackle the problems
- Whole hospital approach, not just the front door
- Clinically led and full engagement across clinical and admin teams
- Seven workstreams each with an Executive sponsor, and dedicated clinical, nursing and operational lead
- System approach - considers the patient journey from before they even step into our hospitals
- Considers the cultural and staff wellbeing aspects
- Strength of governance and monitoring to improve oversight and accountability

Working together across BHR and NEL to look at developing pathways for urgent and emergency care so patients access the appropriate care outside of a hospital setting where this is best for them- the Royal College of Emergency Medicine has stated we cannot go back to the days of overcrowded waiting rooms



# THE SEVEN WORKSTREAMS

1. Out of hospital and pre-hospital
2. First 24 hours
3. 24-72 hours
4. R2G, discharge, step down, rehabilitation
5. Workforce, rotas, wellbeing and accountability
6. Hearts and minds
7. Information, digital transformation, technology and infrastructure



# CONSTITUTIONAL STANDARDS – PERFORMANCE

## Referral to Treatment, Diagnostics and Cancer

Key Metrics	July	National Target
RTT Performance (unvalidated)	43.3%	92%
Diagnostic Performance	33.40%	<1%

Key Metrics	This month	National Target
Cancer performance (62 Day)	45% June 2020 (validated) 51.3% July 2020 (unvalidated)	85%
Cancer performance (2WW)	54.5% June 2020 (validated) 62.3% July 2020 (unvalidated)	93%



## PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- Nationally and locally, waiting lists have grown substantially for planned care
- Capacity impacted by infection prevention guidelines eg additional deep cleaning
- Working together across BHR and NEL to look at:
  - combined capacity to reduce waiting lists
  - a single patient tracker list





## PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK cont.

We are on track to meet the following, which are set against historic levels for the same period in 2019.

Outpatient activity and procedures:

- 70% in September
- 80% in October
- 100% in November

Day case and inpatient procedures:

- 80% in September
- 90% in October

Diagnostics: CT, MRI and endoscopy:

- 100% in October

For diagnostics, endoscopy capacity has been a particular issue cross NEL and nationally; as a system we are creating additional capacity and now offer this at both Queen's and King George

Ongoing phasing of bringing back services



# PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK cont.

## 52 week waits

- Significant proportion in pain management - insourcing to help manage this

## Cancer

- Managed majority of cancer treatments during the peak through use of the independent sector
- Some treatments eg for our haematology patients, continued to be provided at Queen's
- Majority of radiotherapy treatments also continued
- Now seeing an increase in GP referrals for skin and breast – higher numbers in July than other trusts
- Slower increase in referrals for urology and lower GI – working with CCG and alliance
  
- On track to return to 2ww performance in August
- 62 day performance will take longer
- This is due to, for example:
  - the need to fully recover endoscopy services
  - the need for referrals for certain tumour groups that have high treatment numbers (such as lower GI and urology) to return to normal



# CHALLENGES, RISKS AND MITIGATIONS

## **Swabbing process and additional administrative workload limiting use of available capacity**

- Setting up a swabbing team that will be managed corporately to support endoscopy and theatres from start Sept
- Recruiting additional admissions officers for endoscopy
- Review processes; improve use of technology

## **Space constraints and social distancing**

- Ongoing work to locate services to run as efficiently as possible
- Continue with virtual and phone clinics wherever possible

## **Workforce – staff shielding/burnout/sickness**

- Recruit additional staff where possible
- Insourcing
- Continue to maximise use of staff who are shielding

## **Independent sector contract – reduction in use**

- Contractual discussions continuing via NHSE and locally
- Currently using Spire Hartswood (cancer) and the North East London Treatment Centre (orthopaedics and general surgery)
- Creating space on Day Surgery Unit being to provide additional capacity as the above reduce

## **Patients declining treatment due to anxieties and/or isolation requirements**

- Ongoing communications campaigns at a local and national level
- Safety messages and reassurances from booking staff, primary care colleagues and so on



# WHAT'S NEXT?



No Going Back – due to pandemic, transformed the way we care for our patients, the way we deliver our services, and the way we work together.

In the words of our staff – ‘there is no going back’.

Pace of change has been exhausting and extraordinary; our Trust bears little resemblance to before

Important we seize a once in a generation opportunity to improve care for the better

- Continue to strengthen and improve system working across BHR and NEL to keep the learnings and improvements
- Happy and Healthy Hospitals – our ambition is to be amongst the happiest and healthiest hospitals in the country

## How you can help – key messages we would appreciate you sharing:

- encourage residents to have flu jabs
- we are open; reiterate importance of looking after our health; we'll be living with Covid for many months
- plans in place in our hospitals to keep people safe
- signpost to our website for latest information: [www.bhrhospitals.nhs.uk/our-services-during-covid-19](http://www.bhrhospitals.nhs.uk/our-services-during-covid-19)

