

PERFORMANCE REPORT

Havering HOSC
December 2020

Shelagh Smith
Chief Operating Officer



OVERVIEW

Second wave of the pandemic – continues to be challenging times for all of us, professionally and personally

Cases increasing in the community means we're seeing a higher number of cases in our hospitals

Learnt a lot from previous wave to help care better for patients eg success of new drugs; proning; high flow oxygen, with ventilation a very last resort

Staff continue to rise to the challenge

Staff wellbeing focus at the highest level of the Trust - expanding wellbeing package eg dedicated partners for areas hardest hit to develop bespoke support packages; redeployment support; wellbeing rooms; psychological support

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

This means some services are being delivered from different locations to prior to the pandemic

Continue to work closely with independent sector and system colleagues to sustain services throughout this second wave



CONSTITUTIONAL STANDARDS – PERFORMANCE

Four hour emergency access standard

Key Metrics	October 2020	Queen's	King George	National Target
All Types	70.06%	65.97%	77.57%	95%
Type 1 only	49.39%	43.3%	61.29%	95%

GETTING BACK ON TRACK

The position

- Performance remains a challenge
- Disappointed that it is not where we know it should be
- Crowding and capacity continues to be an issue, at Queen's Emergency Department (ED) in particular
- Further impacted by infection prevention guidance
- Discharging Covid patients into the community is becoming harder and length of stay is increasing – impacts on flow from the front door through our hospitals

Getting back on track

- Changed streaming system at Queen's to improve flow; protects patients from queuing outside during winter
- Urgent treatment centre at King George – run by PELC who now treat both minor illness and minor injuries (type 3); previously minor injuries were treated in the ED and therefore included in type 1 figures
- Continue with whole hospital approach, not just the front door, and to work together across BHR and NEL to develop pathways for urgent and emergency care so patients access the appropriate care outside of a hospital setting where this is best for them
- Review of our bed capacity to much demand in partnership with NELFT



CONSTITUTIONAL STANDARDS – PERFORMANCE

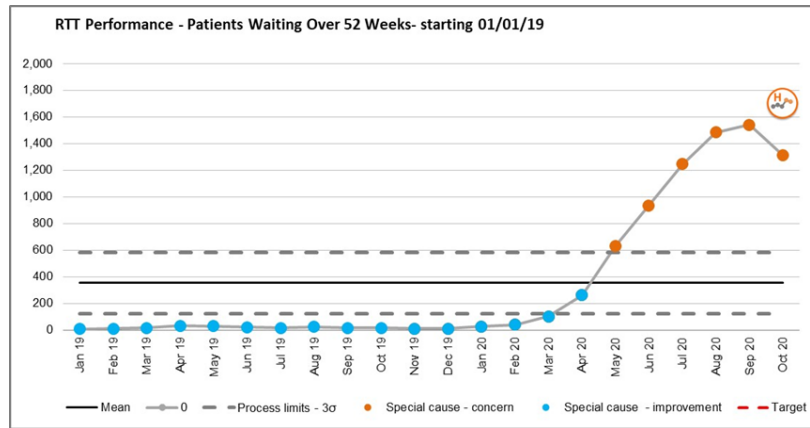
Referral to Treatment, Diagnostics and Cancer

Key Metrics	October	National Target
RTT Performance (unvalidated)	59.4%	92%
Diagnostic Performance	18.76%	<1%

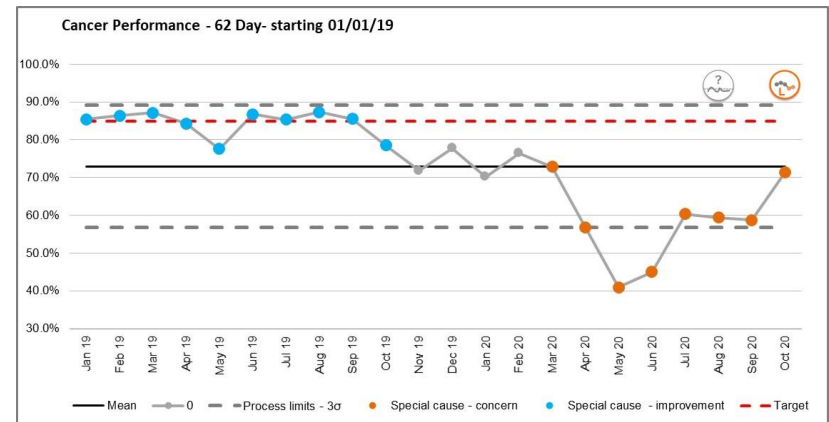
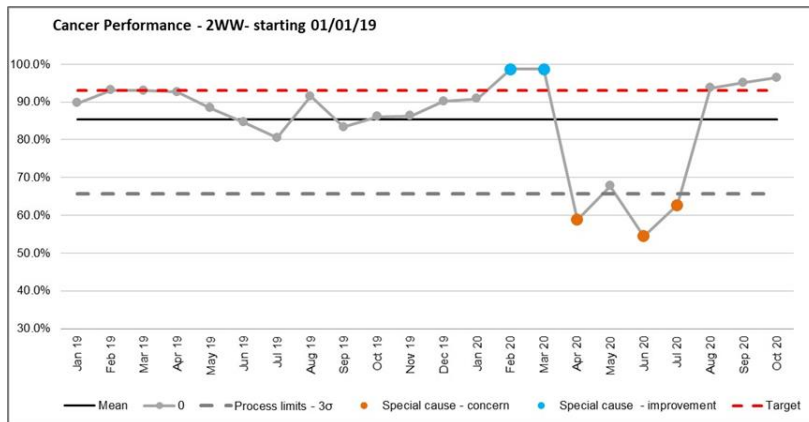
Key Metrics	This month	National Target
Cancer performance (62 Day)	58.7% September 2020 (validated) 71.7% October 2020 (unvalidated)	85%
Cancer performance (2WW)	95.1% September 2020 (validated) 96.4% October 2020 (unvalidated)	93%



Trend line for Referral to Treatment patients waiting longer than 52 weeks



Trend line for 2ww and 62 day cancer performance



PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- Nationally, waiting lists have grown over recent months for planned care
- The Trust's waiting list is relatively stable – however the number of patients waiting longer than 18 weeks grew during the height of Covid
- 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
- Continuing to work with the independent sector
- Temporary surgical hub at King George Hospital to help boost the amount of planned surgery we can carry out, getting more patients the care they need faster
- These steps have seen our number of patients waiting longer than 18 weeks reduce, and our performance steadily improve over the last few months, from 44 per cent in July, to 54.4 per cent in October
- Whilst we will do everything within our control, we need to accept that with cases rising and another lockdown, patients may be even more scared to come into hospital or may not, for example for financial reasons, be able to adhere to isolation guidance which will impact on waiting lists



PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

52 week waits

- Numbers of patients are reducing since the peak at the end of September (1540 patients)
- Expect this to have decreased to below 1,250 patients in October after validation
- Mainly due to reduced numbers on our pain management pathway following increases in capacity through, for example, insourcing

Cancer

2 week wait (time from GP appointment to first clinical contact)

- Met the 93% standard for three consecutive months (after being below 70% from April to July)
- Overall referral volumes for cancer have returned to normal levels
- In October, we saw 2,210 new patients on a 2ww cancer pathway – this is 95% of the number we saw over the same period in 2019

62 day (from referral to treatment)

- Improved for October although remains below the required 85%
- Multifactorial - a result of:
 - 1) lower referrals for some tumour groups where a high proportion are identified as cancerous (eg prostate)
 - 2) delays during Covid for key diagnostic tests (particularly endoscopy that ceased completely at the height of Covid and has a large backlog)
 - 3) ongoing challenges on diagnostic and treatment parts of the pathways for some tumour groups (eg gynaecology) where requirements for patients to self-isolate and receive a negative Covid swab before coming in is introducing delays
- Remedial actions include:
 - additional capacity (eg in endoscopy, gynaecology and radiology) to see patients whose diagnosis was delayed due to Covid
 - maintaining compliance with 2ww standard alongside increases in referrals
 - maintaining green theatre capacity to ensure continued compliance with 31 day standard



ENDOSCOPY OPTIMAL WEEK

- Dedicated week - focus on maximising service efficiency to increase patient volumes through the units at both hospitals
- Designed to rapidly and efficiently treat 2WW patients who had been waiting for their diagnostic procedure and were delayed due to Covid-19 or required surveillance
- Aimed to perform as many procedures as possible
 - fully utilise available lists
 - minimise attrition through avoidable causes
- Adopted a collaborative approach
- Successfully supported the care of more than 400 patients
- Created a 47% increase in throughput compared to that achieved in the previous 6 weeks



PERFECT ORTHOPAEDIC WEEK

- Part of our surgical hub preparation
- Aim of the week to complete:
 - 100 joint replacements
 - 80 day cases
 - 25 spinal procedures
- We exceeded expectations
 - 135 joint replacements
 - 88 day case surgeries
 - 27 spinal procedures
- Partnership working with Practice Plus Group (North East London Treatment Centre)

Natasha Mercer, 31, had a total hip replacement on the first day and was able to go home safely that same day



CHALLENGES, RISKS AND MITIGATIONS

Swabbing process and additional administrative workload limiting use of available capacity

- Set up a swabbing team that will be managed corporately to support endoscopy and theatres
- Recruited additional admissions officers for endoscopy; investing in admissions staff for other specialties
- 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 in appropriate functions and roles

Independent sector contract

- Contractual discussions continuing via NHSE and locally
- Currently using Spire Hartswood (cancer), the North East London Treatment Centre (orthopaedics and general surgery) and Spire London East (primarily paediatric surgery)
- Creating space on Day Surgery Unit 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



WE NEED YOUR HELP

Key messages to share:

- Remember: Hands – Face – Space
- We are open to care for you - we'll be living with Covid for many months and it is important you look after your health
- We have plans in place to keep you safe
- Watch our latest videos:
[Keeping cancer patients safe](#)
[Cancer won't wait for Covid](#)
- Visit our website for latest information including latest visitor restrictions:
www.bhrhospitals.nhs.uk/our-services-during-covid-19

