

PERFORMANCE REPORT

Havering HOSC
July 2021

Richard Pennington
Acting Chief Operating Officer – Elective Care



OVERVIEW – COVID-19

- The pandemic has been a very challenging time for all of us, professionally and personally.
- The Delta variant has caused an increase in infections but it has not led to a significant increase in the number of people needing to be treated in our hospitals, with cases remaining relatively low in recent weeks.
- We've learnt a lot from the previous two waves and with talk of a third wave, we need to be as ready as possible for any future surges and senior leaders are meeting regularly to prepare.
- Our planning will consider the number of critical care beds we will need, while ensuring we have adequate supplies of protective equipment.
- We've also undertaken a significant amount of work so that our oxygen supply is resilient and doesn't come under the same pressure as it did in the second wave.
- In our Trust, eight out of every ten members of staff have been vaccinated and we continue to encourage uptake.



OVERVIEW – OUR RECOVERY

- While planning for a third wave, we are continuing in our ongoing recovery from the impact of Covid-19.
- Our workforce continue to be committed to our patients, however they are tired and battered and we must continue to do all we can to look after them.
- Their wellbeing is a priority for our Executive team and we continue to work with them to develop the resources they need to help them recover and to feel cared for. Our hugely successful 'Thank You Week' was a great example.
- In recent months we have reinstated a number of services, including routine surgeries, diagnostic services, as well as some routine face-to-face outpatient appointments.
- Our decision making continues to be dictated by IPC guidance. This means some services are being delivered from different locations prior to the pandemic and the pace services are being reintroduced can be slower than we would prefer.
- We continue to work closely with the independent sector and system colleagues to sustain services and address the ongoing challenges together.
- We know its been very difficult for residents and carers with family members in our hospitals and we are continuing to review our services.
- Some changes in recent months include partners being able to attend all maternity scans, maternity visiting extended to a two-hour slot between 1pm-8pm, as well as a family member/carer visiting a patient who has been in hospital for longer than one week.



CONSTITUTIONAL STANDARDS – PERFORMANCE

Four hour emergency access standard

Key Metrics	March 2021	Queen's	King George	National Target
All Types	71.81%	66.61%	81.54%	95%
Type 1 only	52.30%	47.47%	64.21%	95%

Key Metrics	May 2021	Queen's	King George	National Target
All Types	69.49%	66.14%	75.11%	95%
Type 1 only	47.48%	44.66%	53.20%	95%



GETTING BACK ON TRACK

The position

- Our four-hour emergency access performance remains a challenge and we know it is not where it should be
- Since the second wave we have seen some improvement in our Type 1 performance and an increase in attendances
- Capacity continues to be an issue, in particular at Queen's Hospital Emergency Department (ED)
- IPC guidance continues to impact

To help us get back on track:

- 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.
- Dedicated four-hour project groups meet frequently to drive forward the implementation of key improvements. Membership includes our PELC colleagues, who manage the urgent treatment centres at both of our hospitals.
- Opened a frailty unit at Queen's Hospital to help reduce waiting times in our EDs and ensure elderly patients are treated in an environment that best suits their needs. We now have frailty units at both hospitals, where LAS can bring patients directly, bypassing the main ED. Initial data is showing a positive impact on admission rates.
- Introduced an Emergency Decision Unit (EDU) at Queen's, to help improve the flow across the hospital.
- Launched a new Children and Young People's Assessment Unit (CYPAU) at Queen's, which will reduce the number of admissions to our hospitals.
- Reopened our children's ED overnight at King George Hospital.
- New Point of Care Testing (POCT) in ED at Queen's to improve diagnostic turnaround times and reduce the time spent in ED.
- Phased implementation of the Same Day Emergency Care (SDEC) pathways to further improve access, quality and performance of our emergency care.
- Improved staff welfare areas to support our workforce when resting.



CONSTITUTIONAL STANDARDS – PERFORMANCE

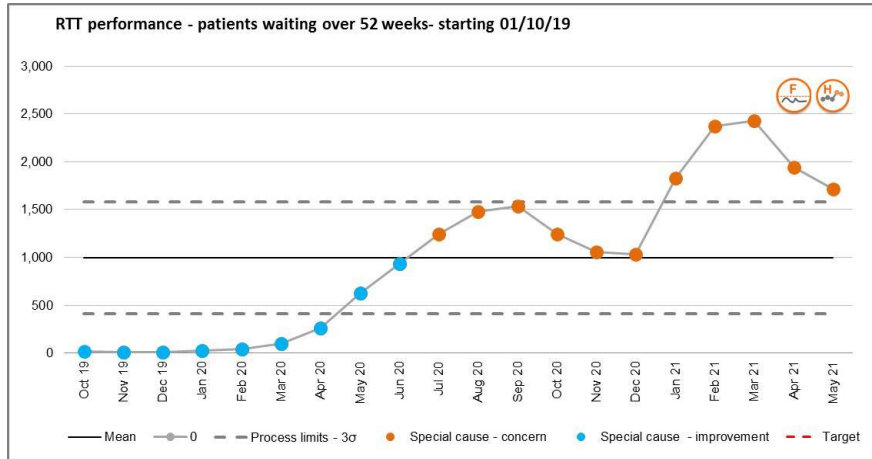
Referral to Treatment, Diagnostics and Cancer

Key Metrics	March	May	National Target
RTT Performance	61.4%	65.0%	92%
Diagnostic Performance	6.97%	11.1%	<1%

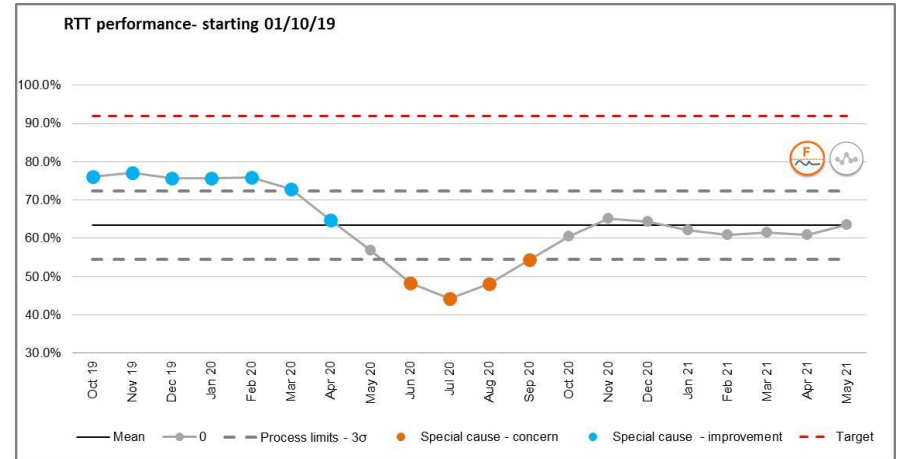
Key Metrics	Month	National Target
Cancer performance (62 Day)	73.9% March 2021 (validated)	85%
	75.9% April 2021 (validated)	
	73.5% May 2021 (validated)	
Cancer performance (2WW)	96% March 2021 (validated)	93%
	95.8% April 2021 (validated)	
	96.9% May 2021 (validated)	



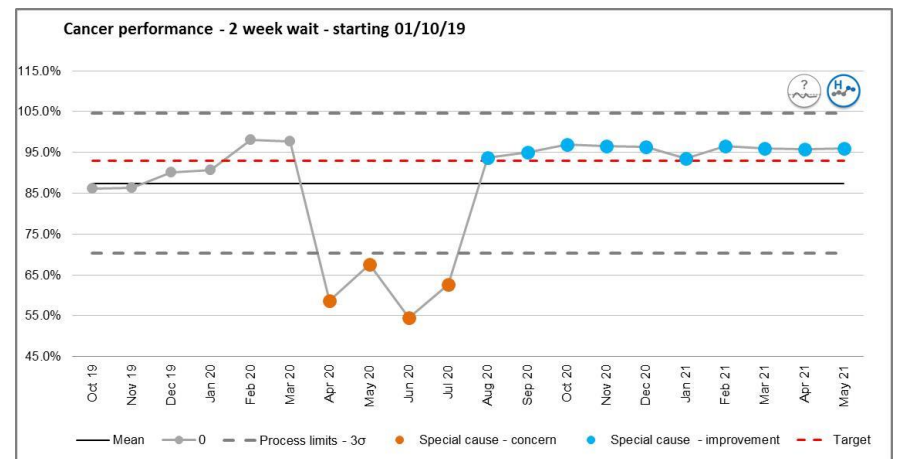
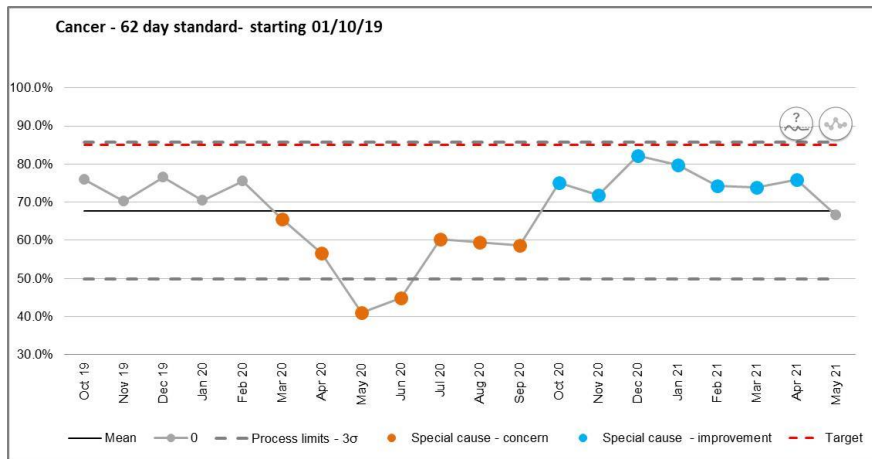
Trend line for Referral to Treatment patients waiting longer than 52 weeks



Trend line for Referral to Treatment performance



Trend line for 2ww and 62 day cancer performance



PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- Nationally, waiting lists have grown for planned care and we are doing all we can to reduce these
- We are starting to see a positive impact on our waiting lists and long waiting patients and are continuing to focus on initiatives to improve the backlog
- We are holding several dedicated clinics, many over the weekend, and redirecting our resources to carry out a large number of appointments/procedures, over a short period of time.
- We're also working with our partners across NEL to reduce waiting lists and see patients more quickly. An example of this is the Mile End Early Diagnosis Centre (EDC), which is a joint initiative between us, Barts and Homerton. 84-year-old Ann Baker was our first BHRUT at the EDC and only had to wait a week for a colonoscopy.
- While focusing on treating patients who are most clinically urgent, we are also carrying out some routine surgeries.
- We're also working with the independent sector to organise treatment for some of our long-waiting patients.
- Whilst we will do everything within our control, we need to accept that patients may be worried to come into hospital.
- We continue to reassure our communities that we are doing all we can to keep them safe, however this may be further impeded by a third wave.



PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

52 week waits

- The number of patients increased up to March, as a result of the reduced planned activity in the second wave (2,430 patients)
- From April, when we were able to restart services, this figure has been decreasing and is expected to be reported as being well below 1,400 for the end June

Cancer

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

- We've met the 93 per cent standard every month since August 2020
- In May, we achieved 96.9 per cent
- Actions continue to be taken to improve pathways, including a review of Radiology capacity, the development of a Gynaecology action plan and increasing our dermatology consultant capacity to manage a significant increase in referrals for this tumour group

62 day (from referral to treatment (RTT))

- We are continuing to take action to improve our 62 day RTT, however we are currently below the required 85 per cent.
- Reasons for this include:
 1. Radiology delays across specific tumour groups (urology, colorectal)
 2. Tertiary providers are clearing their backlog, which is impacting some pathways
- Remedial actions include:
 1. Improving and increasing our diagnostics capacity, which also strengthens our resilience
 2. Working collaboratively with our partners across NEL to tackle waiting lists
 3. Increased our green theatre capacity to support with the increase in treatment numbers
 4. Holding several dedicated clinics to reduce waiting times
 5. Continued investment at both Queen's and King George hospitals – particularly for imaging services



'SUPER' CLINICS

In recent weeks, we have held:

- **Back2Backs:** A spinal review super clinic, which helped prepare patients in need of surgery. 119 patients were seen on the day.
- **Scalpel Project:** Since May, we have held three of these clinics, seeing 550 patients so far. Our General Surgery team will be holding several more over the coming weeks, aiming to see 1,000 patients overall.
- **Bones R Us:** Between 21-25 June, we held a five-day clinic focused on carrying out a high number of orthopaedic procedures. 60 patients were seen.



CHALLENGES, RISKS AND MITIGATIONS

Swabbing process and additional administrative workload limiting use of available capacity

- Established a single swabbing team that will be manage the end-to-end process for booking, drive through and home swabbing
- 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
- Prepare for the potential Covid-19 third wave and expected increase in paediatric demand

Independent sector contract

- Contractual discussions continuing via NHSE and locally for the second half of the year
- Currently the North East London Treatment Centre (orthopaedics and general surgery) and The Holly (gynaecology and imaging)

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 have to learn to live with Covid-19 and it is important you look after your health
- Many other conditions impact our lives, so if you if you have a symptom of any illness, please get checked
- We have a number of measures in place to keep patients, visitors and staff 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

