

PERFORMANCE REPORT

Havering HOSC
November 2021

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Acting Chief Operating Officer – Elective Care



OUR CURRENT POSITION

- As we move into winter, Covid-19 cases are increasing in our hospitals and we must be prepared for any sudden spikes
- We've appointed a Winter Director – one of our senior clinicians – to ensure plans are in place to support our urgent and emergency care (UEC) services and reduce waiting list backlogs, while also being prepared for a further increase in Covid-19 admissions
- The wellbeing of our workforce is also a priority and we must ensure we look after them and support them to be able to deliver the best care, especially going into a very hard winter
- We continue to encourage patients, staff and residents to get their Covid-19 booster and flu vaccines to protect themselves and others from serious illness this winter



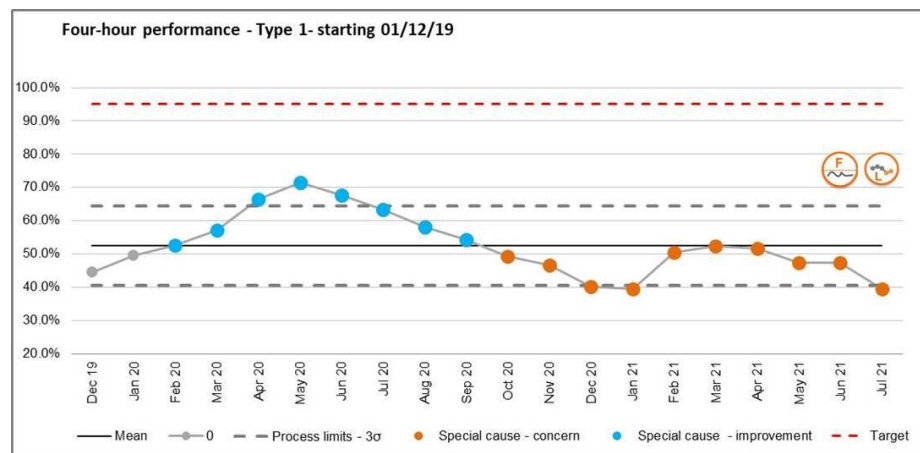
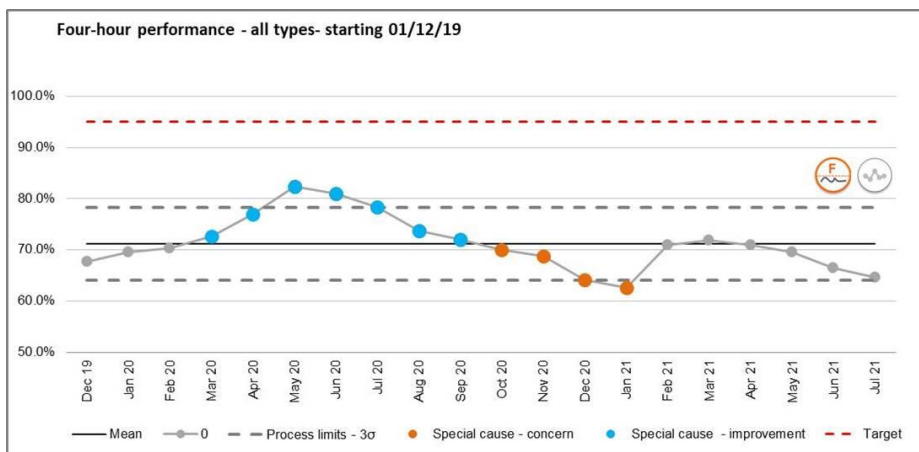
COVID 19 AND OUR RECOVERY

- Our decision making continues to be dictated by infection, prevention and control (IPC) guidance to keep patients, staff and visitors safe, which places additional pressures on capacity
- We continue to zone our hospitals, and are agile with our wards so that we can adapt to any rise in Covid-19 admissions by 'flipping' wards, as we need them
- Face masks and social distancing measures are still in place in our hospitals, which can impact the number of outpatient appointments. We also continue with virtual and phone clinics where appropriate
- Earlier this year we reinstated the vast majority of elective services, including routine surgeries and diagnostic services, as well as routine face-to-face outpatient appointments
- We've introduced a number of initiatives to reduce the backlog of appointments, for example a series of 'super clinics', so our patients are treated as quickly as possible
- Ongoing communications campaigns at a local and national level to reassure residents and reduce the number of patients declining treatment due to anxieties and/or isolation requirements
- We know that it is still a difficult time for our patients and their families and we continue to review how we manage services to give them the very best care possible



OUR PERFORMANCE – FOUR HOUR EMERGENCY ACCESS STANDARD

Key Metrics	July 2021	Queen's	King George	National Target
All Types	64.55%	63.63%	66.09%	95%
Type 1 only	39.42%	38.32%	41.29%	95%



GETTING BACK ON TRACK

The position

- Improving performance is a shared responsibility. We know it's a challenge but too many people, of all ages, are waiting too long in our Emergency Departments (EDs) and that this is not good enough
- Our focus must be to improve the experience of our patients from the start of their journey through our ED to being discharged from our wards
- To improve our four hour performance, we cannot focus on our EDs in isolation – we must look at the flow throughout our hospitals and continue with our whole hospital and system-wide approach
- The demand for urgent and emergency care continues to be extremely high. July 2021 was our second busiest month ever; we treated 28,299 patients
- In July, there was a decline in our Type 1 performance, when we achieved 39.42%, compared to 47.38% in June
- Type 3 performance improved from 86.7% in June to 91.28 in July, as we continue to work collaboratively with PELC and CCG colleagues to improve our front door processes

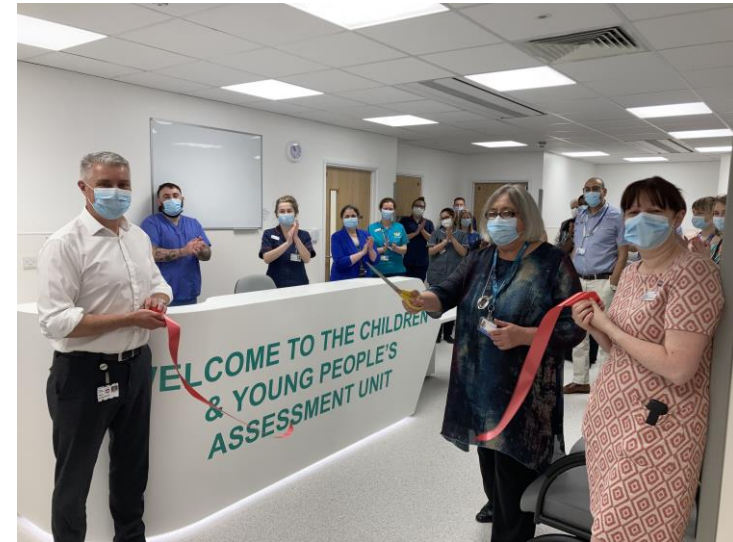
To help us get back on track:

- We continue to work across BHR and NEL to improve existing, and develop new, UEC pathways so patients access the appropriate care outside of a hospital setting where this is best for them
- UEC calls take place daily with partners across NEL to understand system pressures and assess how sites can be supported. Representation includes BHRUT, Barts Health, Homerton, LAS/EoEA and NEL CCG, with colleagues looking at challenges such as hospital flow, demand, workforce etc
- Revised governance to enhance performance monitoring, be more agile and drive forward continued performance improvements



RECENT INITIATIVES

- [Frailty units](#) at King George Hospital (KGH) and Queen's Hospital (QH) to help reduce waiting times in our EDs
- Implemented [Same Day Emergency Care \(SDEC\)](#) at QH, which aims to treat more patients on the same day, while also reducing ED waiting times and the number of patients admitted to hospital
- Launched a new [Children and Young People's Assessment Unit \(CYP AU\)](#) at QH
- Reopened our [children's ED overnight](#) at KGH
- New [Point of Care Testing \(POCT\)](#) in ED at QH to improve diagnostic turnaround times
- Continued **investment** in our [ED at KGH](#) and in our [critical care departments](#)
- **Restructured our clinical divisions**, with ED now a stand alone division with new leadership roles
- Dr Karim Ahmad, our new [Improvement Director for Emergency Care \(Medical\)](#) has joined on secondment from Barts Health. This is a practical and beneficial example of our collaboration with Barts



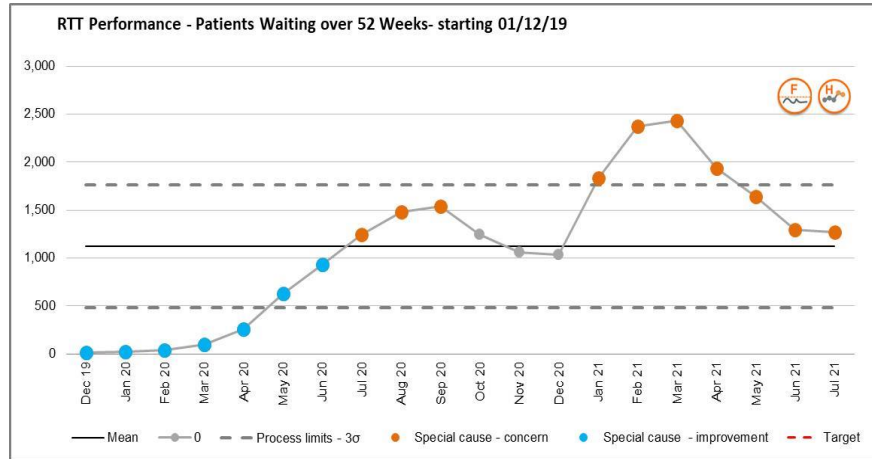
OUR PERFORMANCE – REFERRAL TO TREATMENT, DIAGNOSTICS AND CANCER

Key metrics	July	August	National Target
RTT performance	69.3%	69.5%	92%
Diagnostic performance	21.86%	21.31%	<1%

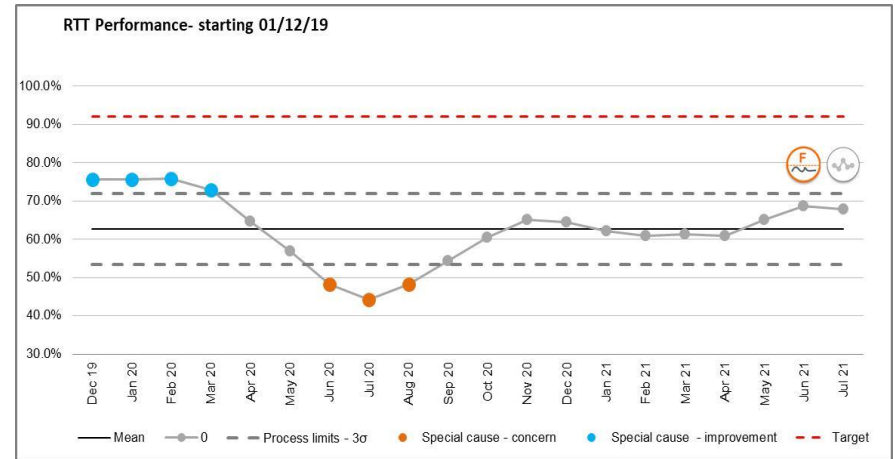
Key Metrics	Month	National Target
Cancer performance (62 Day)	72.0% July 2021 (validated) 75.8% August 2021 (validated)	85%
Cancer performance (2WW)	94.8% July 2021 (validated) 96.9% August 2021 (validated)	93%



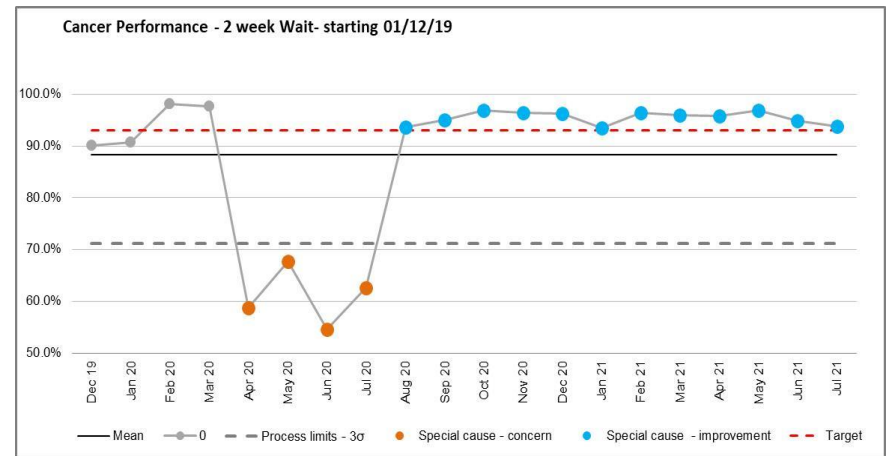
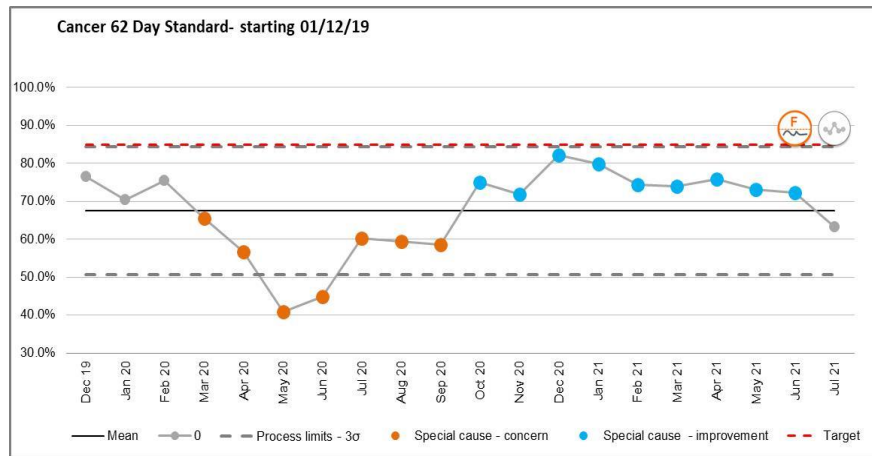
Trend line for Referral to Treatment patients waiting longer than 52 weeks



Trend line for Referral to Treatment performance



Trend line for 2ww and 62 day cancer performance



PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

52 week waits

- The number of patients waiting over 52 weeks has fallen from 1,938 in April to 1,148 in August

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
- Our staff are being trained in line with the Faster Diagnosis Standard (FDS)
- Plans in place to continue increasing gynaecology and dermatology capacity

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
 2. Surgery backlog 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
 3. Increasing clinical capacity and cope with increasing demand
 4. Continued investment at both Queen's and King George hospitals to ensure sufficient capacity for surgical patients



PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

- While focusing on treating patients who are most clinically urgent, we are also carrying out routine surgeries
- As a result of recent initiatives and focused efforts by our teams, we continue to see a positive impact and sustainable reduction on our waiting lists and long waiting patients
- We continue to hold several dedicated ‘super clinics’, many over the weekend, and continue to maximise use of our resources to carry out a large number of appointments/procedures, over short periods of time.
- We’re collaborating with our partners across NEL to tackle waiting lists across the system to see patients more quickly. We’re also sharing the learnings from our super clinics
- Our Rapid Diagnostic Centre ensures those with vague or possible cancer symptoms are being investigated at an early stage and treated quickly and effectively
- We’ve expanded our radiology department, including a new CT scanner, upgraded MRI machine and two new ultrasound rooms
- It’s important to note that IPC guidance will continue to impact for the foreseeable future, in particular in our ED and clinical areas, creating additional pressures
- We continue to reassure our residents that we are doing all we can to keep them safe so they come in for their treatments and their health does not worsen



'SUPER' CLINICS

In recent months, we have held:

- **Back2Backs:** A [spinal review clinic](#), which helped prepare patients in need of surgery. 119 patients were seen on the day
- **Scalpel Project:** Since May, our General Surgery team have held [six of these special Saturday clinics](#), seeing more than 1,000 patients



'SUPER' CLINICS

In recent months, we have held:

- **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
- **ENT Kidz:** A series of weekend [Ear, nose and throat \(ENT\)](#) paediatric super clinics. So far, we've seen approximately 150 patients per clinic



OUR WORK HIGHLIGHTED

- London's NHS Regional Director Sir David Sloman [visited King George Hospital](#) to see our innovative approaches to tackling the patient backlog and our £1.7million investment in a new surgical robot
- The Royal College of Surgeon's President Neil Mortensen [highlighted our Trust's work](#) to reduce waiting lists at the Health and Social Care Committee
- Sam Tarry, MP for Ilford South, and Wes Streeting, MP for Ilford North, [visited King George Hospital](#) in October to see our expanded Radiology department and officially cut the ribbon on our new CT scanner



KEY MESSAGES TO SHARE

- Getting the Covid-19 booster and flu vaccine are really important and could stop you from becoming seriously ill this winter
- We have a number of measures in place to keep patients, visitors and staff safe
- Make sure to attend your appointments, if you have a symptom of any illness, please get checked
- Many illnesses can be treated without visiting our EDs. If it isn't an emergency, contact NHS 111 or visit a pharmacist or GP
- Our website has the latest information including visitor restrictions:
www.bhrhospitals.nhs.uk/our-services-during-covid-19

